



**Future Shapes Inc.**  
**Liability Waiver & Parental Consent Form**

In consideration of being allowed to participate in any type of strength and conditioning activities of Future Shapes Inc., in addition to the payment of any fee or charge I do hereby waive, release and forever discharge Future Shapes Inc. Its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liabilities from injuries or damages resulting from my participation in said fitness activities or my use of said equipment and machinery. I do also hereby release all of those mentioned and any others acting in their behalf from any responsibilities or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting in their behalf arising out of or connected in any way with my participation in the fitness programs or activities of Future Shapes Inc., or the use of the equipment and machinery of Future Shapes Inc.

Please Initial \_\_\_\_\_)

I understand and am aware that strength, flexibility and aerobic exercise, including the use of cardiovascular and weight training and machinery, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntary participating in these activities and using the equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

Please initial \_\_\_\_\_)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in the activities or program of Future Shapes Inc., or my use of the equipment and machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in personal exercise, weight training and fitness testing activities of Future Shapes Inc., or in the use of exercise and weight training equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activities, exercise and the use of exercise and weight training equipment and machinery so that I might have his/her recommendations concerning these fitness activities and equipment/ machinery use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate without the approval of my physician and do hereby assume all responsibility for my participation and utilization of equipment and machinery in my personal strength and conditioning and fitness testing activities.

Please initial \_\_\_\_\_)

Participant signature \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_