

## Summer Workout Sessions Release Waiver

I am aware that, by voluntarily participating (or allowing my child to participate) in a fitness class(es) at The Gregory School as part of the SUMMER WORKOUT SESSIONS, I am (or my child is) participating in a physically demanding and potentially dangerous activity. I understand that I should not participate in the classes unless I am physically able to do so, and I hereby certify that I am (or my child is) medically and physically able to participate.

I knowingly assume all risks associated with participation in the SUMMER WORKOUT SESSIONS, including, but not limited to, falls, contact with other participants, and effects of the weather. As part of the consideration for my participation in the SUMMER WORKOUT SESSIONS, I knowingly accept full responsibility for any loss, injury or inconvenience that I (or my child) might suffer. I, on behalf of myself, my child (if applicable), my heirs, executors, administrators and family members, hereby agree to release and hold harmless The Gregory School and the organizers of the SUMMER WORKOUT SESSIONS and their officers, directors, employees, agents, coaches and volunteers, from and against any and all liabilities, injuries and damages sustained as a result of my (or my child's) participation in the SUMMER WORKOUT SESSIONS.

I (and my child, if applicable) agree to follow all rules, directions and decisions of any individual assisting with running the classes.

I grant full permission to the organizers of this event to use my (or my child's) photograph or other recordings of my (or my child's) participation in this event.

I have read this agreement carefully, understand it, and agree to its terms.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_