

**CUTTING CREW FITNESS CENTER
WAIVER OF LIABILITY CONTRACT**

I _____ do agree that I am experienced in the use of all equipment in this facility. I agree to ask questions at any time if I am unsure about any equipment. I recognize that I am working out at my own risk and agree to hold no one but myself liable for any possible injury incurred in this facility. I agree that it is my responsibility to exercise within my own boundaries, determined by my physician and myself and to be aware of those boundaries at all times. I am over the age of 18 and in good health with no physical limitations prohibiting me to exercise.

By signing this form I acknowledge and agree to all terms outlined in this document.

member signature	date	_____	_____
		staff signature	date