

Waiver and Release

Name: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Occupation: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____

Address: _____

Relationship: _____

Phone: _____

I hereby agree to participate in dance and exercise programs given by Sierra Health and Fitness, its officers, directors, employees and agents (herein, collectively the "Company") upon the understanding and condition that:

1. I acknowledge that the Company has advised me of medical risks that may result from such participation and represent to the company that I have consulted my personal physician or other health authority and I am physically capable of such participation without injury.
2. I have been specifically advised of the medical risks associated with participating in the Company's program for individuals whose weight exceeds the recommended maximums, who elect to participate without appropriate footwear, or whose age or general physical condition makes illness or injury as a result of such participation more likely.
3. I recognize the risks of illness or injury inherent in any dance or exercise program and am participating in the Company's program upon the express agreement and understanding that I am hereby waiving and releasing the Company from any and all claims, costs, liability, expenses or judgments including attorney's fees and court costs (herein, collectively "Claims") arising out of my participation in the Company's programs or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Company from and against any and all such Claims except Claims proximately caused by the gross negligence or willful misconduct of the Company.
4. I hereby execute and deliver this waiver and release to induce the Company to permit me to participate in its program.

SIGNATURE OF PARTICIPANT _____

DATE _____ (IF A MINOR, SIGNATURE OF PARENT OR GUARDIAN)