

COMPLETE PHYSIQUE ANYTIME  
173 N. 1st Street  
Kalama, WA 98625



**MEDICAL WAIVER: PLEASE READ CAREFULLY! THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS!**

Your participation in any cardio, flexibility or strength training programs of exercise may or may not be beneficial to you. These include Senior Fitness, Yoga, Zumba, Insanity Live, P90X Live, and PiYo Live, Pound Fit, or any other new class or training session offered by CPA. It is advised that you first consult with your physician about any injuries or existing medical conditions, past or present, before enrolling in an exercise program. We would be happy to speak with them if you prefer. Your participation indicates you are physically able to participate and hold CPA, its owners and its Independent Contractors HARMLESS during your participation.

The undersigned, hereafter known as **Participant**, understands that **the above fitness programs** involve physical exertion; are strenuous, and that injuries may occur when participating in such activities. The **Participant** accepts and assumes the risks associated with any **of CPA's** programs, including, but not limited to, equipment malfunction or failure, over exertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. The **Participant** hereby freely and expressly assumes all risk of property damage, injury and death associated with **Group Classes and training sessions**. The **Participant** understands that it is his/her responsibility to consult with a physician prior to and regarding participation in any exercise or rehab program. The **Participant** represents and warrants that he/she has no physical or mental condition that would prevent full participation in the activity involved. The **Participant** agrees to inform his/her instructor immediately of any physical or mental condition that would prevent his/her full participation.

In consideration for participation in said exercise sessions, receiving instruction in a group, private, or semi-private lessons, workshops, or certification programs and using the equipment and facilities, the student hereby agrees to release, hold harmless, and indemnify Complete Physique Anytime (hereafter referred to as CPA), its owners, partners, employees, independent contractors, directors, officers, agents, instructors, licensees, and affiliates (CPA) from any and all claims by or on behalf of the **Participant** against CPA arising directly or indirectly out of the Participant's participation in small group training sessions and Rehab sessions, use of any CPA equipment or facilities, and participation in any class, program, or workshop offered by CPA. This release is binding upon the **Participant**, and the Participant's heirs, assigns, and legal representatives.

If signing on behalf of a minor **Participant**, parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in any class, program or workshop, and agrees to release, hold harmless, and indemnify (including Costs and attorney fees) CPA for any claims brought by or on behalf of the minor.

**Again - THIS IS NOT A SUPERVISED FACILITY. PARENTS NEED TO USE GOOD JUDGMENT IN ALLOWING THEIR MINOR CHILDREN TO ATTEND THE FACILITY.**

**The undersigned Participant also understands that giving out their membership card/keypad number is a violation of membership and will result in an immediate termination of membership at Complete Physique Anytime.**

***I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.***

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**Participant (or Parent) Signature      Date      Printed Name**