



RELEASE/ASSUMPTION OF RISK AGREEMENT

In consideration of gaining access to participate in activities associated with Great Plains Maximum Performance, the facility, equipment, and machinery, I do hereby waive and release and forever discharge Great Plains Maximum Performance and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities in said program. _____

(Please initial)

I understand the policies and procedures set forth by Great Plains Maximum Performance and have had the opportunity to discuss my specific needs in relation to participatory activity and, as a result, I do voluntarily request the right to participate in this exercise program. _____

(Please initial)

Also, in consideration of the above factors, the undersigned participant acknowledges the existence of risks in connection with these activities, assumes such risks and agrees to accept the responsibilities for any injuries sustained by the participant in the course of the use of the facilities and/or its equipment. Most specifically, the participant acknowledges and accepts responsibility for injuries arising out of those activities which involve risk in any of the following areas:

- Use of the facility equipment.
- The performance of fitness related evaluations to assess functional capacity.
- The participation in individual/group activities related to exercise and activity.
- Incidents which occur within the institution facility, locker rooms, dressing rooms, showers, and other areas associated with Great Plains Maximum Performance.

In addition, it is seriously recommended that participants consult with a physician before engaging in any activities associated with Great Plains Maximum Performance.

The participant acknowledges and accepts the responsibility as set forth herein shall survive this agreement and shall not terminate upon the expiration or termination of any other agreement or consent executed herewith.

Having read the preceding, the participant acknowledges full understanding of those risks set forth herein and knowingly agrees to accept full responsibility for the participant's own exposures to such risks and to waive full responsibility and liability on behalf of Great Plains Maximum Performance.

Participant's Name (please print clearly)

Date

Participant's signature (Parent if participant is under 18 years of age.)