

RELEASE OF LIABILITY

JEFFREY A. MILLER

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY ACTIVITY.

PARTICIPANT'S NAME: _____ **DATE OF BIRTH:** _____

IN CONSIDERATION of being permitted to participate in any way in the activities and classes sponsored by Jeffrey A. Miller and Function Fitness, I acknowledge, appreciate, and agree that:

1. The risk of injury from these activities may be significant, including the potential for permanent disability or death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THOSE PERSONS RELEASED FROM LIABILITY BELOW, and assume full responsibility for my participation.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD FAULTLESS Jeffrey A. Miller and Function Fitness in any capacity, WITH REPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
4. I understand and agree that this Release of Liability Agreement covers each and every activity in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

PARTICIPANTS NAME

PARTICIPANTS ADDRESS AND PHONE

PARTICIPANTS SIGNATURE

DATE SIGNED