

## ProDay Training Camp

### WAIVER & RELEASE

This Waiver and Release is entered into between the Undersigned (below) ProDay Training Camp, LLC including its agents, staff, employees, owners, and instructors. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested, or planned by ProDay Training Camp, LLC including, but not limited to, organized activities, classes, instruction, observation, related activities in a non-supervised setting; and to 2) any and all claims resulting from the damage to, loss of or theft of property.

I declare that I wish to participate in ProDay Training Camp, LLC and I understand that I may do so only upon the following conditions and agreements.

1. I understand that any staff, employees or trainers or ProDay Training Camp, LLC are not medically licensed and are not trained in any way to provide medical advise, diagnosis or intervention. I acknowledge that if I am experiencing any sensation out of the ordinary relating to training with ProDay Training Camp, LLC, I will contact my physician immediately.
2. I hereby represent and warrant to ProDay Training Camp, LLC that I am physically capable of participating in the program without injury and that I am not aware of any physical illness or condition that could increase my risk of injury during such participation.
3. I understand that ProDay Training Camp, LLC is a resource to educate and train me on physical exercise and nutrition, but in no way are results guaranteed. I further recognize that the advice given to me by any staff, employee or trainer of ProDay Training Camp, LLC is not guaranteed to produce any type of results, whether positive or negative.
4. I recognize that there are risks of injury associated with participation in ProDay Training Camp, LLC for individuals who are overweight, elect to participate without appropriate shoes, or are of an age or physical condition that make illness, injury or death as a result of participation more likely. I am aware of the risks inherent in any group fitness exercise program, including but not limited to severe personal injury and death. I understand that through my participation in the ProDay Training Camp, LLC, I am subject to possible injury and death, and also understand that by my participation, I accept the risk of possible injury and death.
5. In order to participate in the ProDay Training Camp, LLC, I hereby WAIVE and RELEASE ProDay Training Camp, LLC, the City of Chandler, Maricopa County, its agents, staff, employees, owners, officers, trustees and instructors from any and all claims, costs, liabilities, expenses or judgments, including but not limited to attorney's fees and court costs (collectively "Claims") arising out of my participation in ProDay Training Camp, LLC. I also agree to indemnify and hold harmless ProDay Training Camp, LLC, the City of Chandler, and Maricopa County from and against any and all such Claims.
6. I hereby voluntarily execute and deliver this WAIVER AND RELEASE so that I may participate in ProDay Training Camp, LLC.

**Please initial in the boxes:**

- I have read and understand the above WAIVER AND RELEASE
- I understand that there are risks of injury involved in participating in outdoor group exercise and I voluntarily assume such risks.
- I attest that I am physically fit to participate in the group fitness program
- I attest that I am 18 years old or older. (If not legal guardian must sign.)

**Printed Name of Participant** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If participant is under 18 years of age)