



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the Health and Fitness Classes, FitDiver Programs, Workshops or Events offered in person and on the internet by ScubaFit, Gretchen M. Ashton, C.F.T. NBFE, and affiliates, during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Health and Fitness Classes, FitDiver Programs, Workshops or Events offered in person and on the internet by ScubaFit, Gretchen M. Ashton, C.F.T. NBFE and I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in Health and Fitness Classes, FitDiver Programs, Workshops or Events offered in person and on the internet by ScubaFit, Gretchen M. Ashton, C.F.T. NBFE
3. In consideration of being permitted to participate in the Health and Fitness Classes, FitDiver Programs, Workshops or Events offered in person and on the internet by ScubaFit, Gretchen M. Ashton, C.F.T. NBFE, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in Health and Fitness Classes, FitDiver Programs, Workshops or Events offered in person and on the internet by ScubaFit, Gretchen M. Ashton, C.F.T. NBFE, I knowingly, voluntarily and expressly waive any claim I may have against ScubaFit, Gretchen M. Ashton, C.F.T., NBFE, and affiliates, for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue ScubaFit, Gretchen M. Ashton, C.F.T., NBFE, and affiliates, for any injury or death caused by their negligence or other acts.
6. 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.

Date: _____ Signature of Participant: _____

Address: _____ City: _____

Phone #: _____ Emergency Contact: _____

If participant is under 18 as Legal Guardian: _____,
I consent to the above terms and conditions.

Date: _____ Signature of Parent: _____

or Guardian

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