



ASSUMPTION OF RISK AND WAIVER OF LIABILITY

In consideration of gaining membership or being allowed to participate in the activities, programs and events of Capital of Texas Team Survivor, the undersigned hereby waives, releases and forever discharges Capital of Texas Team Survivor 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 Capital of Texas Team Survivor activities, programs or events including car pools.

The undersigned acknowledges she undertakes the above mentioned activities, programs and events of Capital of Texas Team Survivor at her sole risk, and that Capital of Texas Team Survivor and its officers, agents, employees, representatives, executors and all others, shall not be liable for any injuries or any damages to her, or her property, or be subject to any claim, demand, injury or damages whatsoever.

The undersigned, for herself, and on behalf of her executors, administrators and assigns, does hereby expressly forever waive, release and discharge Capital of Texas Team Survivor and its officers, agents, employees, representatives, executors and all others, for any and all such claims, demands, injuries, damages, actions or causes of action.

The undersigned is aware and understands that the activities, programs and events of Capital of Texas Team Survivor may require strength, flexibility and aerobic exercise, and therefore are all potentially hazardous activities. The undersigned also understands that fitness activities involve the risk of injury and even death. The undersigned is voluntarily participating in the above-mentioned activities with the knowledge of the dangers involved and hereby agrees to expressly assume and accept any and all risks of injury and death.

The undersigned does hereby further declare that she is not suffering from a condition, impairment, disease, infirmity or other illness that would prevent her participation in any of the activities in any of the activities, programs or events of Capital of Texas Team Survivor, except as hereinafter stated. The undersigned acknowledges that it has been recommended that she have a yearly, or more frequent, physical examination and consultation with her Medical Care Giver as to physical activity, exercise and use of training equipment. To this end, the undersigned acknowledges receipt of a Medical Release Form. The undersigned acknowledges that she has either had a physical examination and/or been give her Medical Care Giver's permission to participate, or that she has decided to participate in activity and/or use of training equipment without the approval of her Medical Care Giver and does hereby assume all responsibility for her participation in the activities, programs and events of Capital of Texas Team Survivor and use of training equipment.

Participant's Signature: _____ Date: _____

Guardian's Signature, if under 18 years of age:
