



Informed Consent & Assumption of Risk (Must be signed prior to beginning SelfCare U participation)

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in a Motivate SelfCare U program may cause injury, am voluntarily choosing to participate. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the program offered through Motivate. I realize that I have the option to discontinue any activity upon my own discretion. In making this activity available for participation, Motivate assumes no responsibility for injury. The responsibility is assumed entirely by the participant. Participants should have adequate personal insurance coverage.

Waiver and Indemnity

In consideration of services or property provided, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive discharge and covenant not to sue Motivate and their respective board members, trustees, faculty, instructors, officers, agents, advisors, employees, affiliates, members, volunteers, staff, heirs, assigns, and representatives from any and all claims including, not by way of limitation, any claims arising from negligence or any of them resulting in personal injury, accidents or illnesses (including death) and/or property loss arising from or relating in any way to participation in the activity, the use of facilities in connection with the activity, and/or travel before, during or after the activity.

I agree to indemnify and hold harmless releases from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, and to reimburse Releases for any such expense incurred in connection with or as a result of (1) (a) participant's participation in the activity or (b) travel associated with the activity or (2) arising connection with or as a result of any attempt by anyone, including, not by way of limitation, participant or anyone claiming on participant's behalf, to avoid the terms of this document which I freely sign.

I have read this document in its entirety, fully understand its terms, and understand that I am giving up substantial rights – including my right to sue. I know, understand, and appreciate these and other risks that are inherent in the activity. I expressly agree and assert that participation in the activity is voluntary and I knowingly assume all such risks and elect to proceed with the participation despite all the risks. I acknowledge that I am signing this document freely and voluntarily and intend, by my signature, the complete and unconditional release of all liability to the greatest extent allowed by law.

Having such knowledge, I do hereby release Motivate employees of all liability related to injuries or accidents to myself which may occur as a result of participation in the SelfCare U Program. I hereby assume all risks connected therewith and consent to participate in the Personal Training Program.

Participant Signature

Date