

Waiver /Release from Liability

In consideration of being allowed to participate in the activities and programs of Cave Strong Nation, L.L.C. dba the Cave and to use its or others facilities and equipment in addition to any fee or charge, I do hereby waive, release, and forever discharge Cave Strong Nation, L.L.C. and its programs like macefit.com, its representatives, trainers, coaches, apprentices, and all others, from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment in such activities. I do also hereby release all of those mentioned, and any others acting on their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of Cave Strong Nation, L.L.C., like macefit.com, or the use of any of their equipment.

Initial here _____

I understand and am aware that strength, power, flexibility, and aerobic exercise, including the use of any equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury, or even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

Initial here _____

I do hereby further declare myself to be sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment except as herein stated. List details for above here _____

I do hereby acknowledge that I have been informed of the need of a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery.

I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise equipment so that I might have his/her recommendations concerning these fitness activities and equipment use.

I acknowledge I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities and utilization of equipment and machinery in my activities.

Date _____

Age _____

Print name _____

Signature _____

Phone _____

e-mail _____