I, (name)______________________________________have enrolled in a program of strenuous physical activity including but not limited to conditioning on aerobic stationary machines and weight training equipment offered by The Ohio State University Department of Recreational Sports. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

I fully understand the dangers and risks of participation in a program of strenuous physical activity which include but are not limited to death, serious neck or spinal injuries, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, and knee/lower back/foot injuries occurring during or after my participation in the exercise program; and I understand that I may injure myself as a result of my participation in The Ohio State University Department of Recreational Sports' Personal Training Program.

In consideration of my participation in The Ohio State University Department of Recreational Sports' Personal Training Program, I, (name)_____________________________, individually and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge The Ohio State University and its Board of Trustees, officers, employees, agents, and other associated persons from any and all claims of losses, damages, injuries, or costs of any kind that may arise out of or be in any way related to my participation in the personal training program, including, but not limited to, those based on negligence. I understand that this Release means that, among other things, I am giving up my right to sue The Ohio State University for any such losses, damages, injuries or costs that I may incur.

By signing below, I acknowledge that I am at 18 years of age or older and that I have read, understand, and agree to be bound by the foregoing Release.

_____________________________  ________________
Signature                             Date

_____________________________  ________________
Parent/Guardian Signature           Date
(If participant is under 18 years of age)