

ABSOLUTE-U-FITNESS, LLC



OPEN GYM RELEASE

I know of no physical or medical condition that either myself, or my physician is aware of that could be aggravated by participating in an exercise program. I agree to advise ABSolute-U-Fitness in writing if my physical or medical condition changes or if my physician advises against me continuing with my exercise routine. I will advise ABSolute-U-Fitness if I injure myself in any way while on the property or while participating in exercises *independently without* the supervision of an ABSolute-U-Fitness trainer Employee, Agent or others assigned to provide fitness services at ABSolute-U-Fitness. I understand that ABSolute-U-Fitness provides video surveillance of the ABSolute-U-Fitness facility 24 hours per day 7 days per week and may use video footage in the event an injury does occur on the premises.

In signing below, I am stating that I have read and understand the information provided above and will abide by the expectations set forth by ABSolute-U-Fitness while on the premises located at 2529 Schuyler Avenue, Lafayette, Indiana and/or using the fitness facility and equipment.