

# KÔR, L.P.

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to enter Kor, LP for any purpose, including, but not limited to observation, use of facilities or equipment or participating in any way, the undersigned, \_\_\_\_\_ hereby acknowledges, agrees and represents that they have or immediately upon entering will inspect such premises and facilities. It is further warranted that such entry in Kor, LP for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

In further consideration of being permitted to enter Kor, LP for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

I do hereby waive, release, and forever discharge Kor, LP 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 activities in said program. \_\_\_\_\_ (Please **initial**.)

I understand the policies and procedures set forth by Kor, LP and I have had the opportunity to discuss my specific needs in relation to participatory activity; and, as a result, I do voluntarily request the right to participate in this preventive program of exercise. \_\_\_\_\_ (Please **initial**.)

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas:

- The use of facility equipment
- The performance of fitness-related evaluations to assess functional capacity
- The participation in group activities related to exercise and activity
- Incidents that occur within the institution facility, bathrooms/changing rooms, and other areas associated with Kor, LP

In addition, it was seriously recommended that I consult with a physician before engaging in any activities associated with Kor, LP. \_\_\_\_\_ (Please **initial**.)

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of Kor, LP and its officers, agents, employees, representatives, executors, and all others associated with the facility.  
\_\_\_\_\_ (Please **initial.**)

\_\_\_\_\_  
**Participant's name** (please **print** clearly)

Date: \_\_\_\_\_

\_\_\_\_\_  
**Participant's signature**

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's signature (if needed)

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness' signature