

**KOSAMA AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby agree to the following:

· I am participating and purchasing a ten week, six days a week health & fitness class, Programs, and Workshops offered by KOSAMA during which I will receive information, education, and instruction about health and fitness.

I recognize that this fitness program requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

· I understand that it is my responsibility to consult with a physician prior to and regarding my participation with KOSAMA. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in KOSAMA.

· In consideration of being permitted to participate in KOSAMA, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in KOSAMA.

· In consideration of being permitted to participate in KOSAMA, I knowingly, voluntarily and expressly waive any claim I may have against KOSAMA for injury or damages that I may sustain as a result of participating in KOSAMA.

· I, my heirs or legal representatives forever release waive, discharge and covenant not to sue KOSAMA for any injury or death caused by their negligence or other acts.

· I acknowledge and agree that this KOSAMA membership is not transferable or assignable. I acknowledge that payment of \_\_\_\_\_ is required to be paid in full in advance of the actual training program.

I understand that I am purchasing the services KOSAMA offers and are not refundable for any reason.

I have read the above release and waiver of liability understand its contents. I voluntarily agree to the terms and conditions stated above. I agree that I am legally bound by its content.

Date \_\_\_\_\_ Signature of  
participant \_\_\_\_\_

If participant is under 18: As a legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.

Date \_\_\_\_\_ Signature of legal guardian \_\_\_\_\_

Witnessed by \_\_\_\_\_  
\_\_\_\_\_

Date