



PATRIOT OUTDOORS™LLC
Assumption of Risk

In consideration of gaining membership or being allowed to participate in the activities and programs of Patriot Outdoors™ LLC and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Patriot Outdoors™ LLC and its officers, agents, employees, representatives, executors, and all others from any and all responsibility and liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the facility or arising out of my participation in any activities there. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself in any way, arising out of or connected with my participation in any activities or the use of any equipment at Patriot Outdoors™ LLC.
Please initial _____

I understand and am aware that strength, flexibility, and aerobic exercises, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death. I voluntarily participate in these activities and use equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
Please initial _____

I am physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would affect my participation in any of the activities and programs at Patriot Outdoors™ LLC or the use of the equipment or machinery except as noted below. I acknowledge that I have been informed of the need for 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 the use of exercise and training equipment so that I have recommendations concerning these fitness activities and equipment use. I acknowledge that 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/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

List any conditions affecting participation:

Please initial _____

_____/_____
Name of climber (print) E-mail Address/phone number

Date Signature Age

Date Signature of Parent or Guardian (if climber is less than 18 years of age)