

CAMILLE'S BODY SHOP OF NORTHERN MICHIGAN, LLC

WAIVER, RELEASE, HOLD HARMLESS & INDEMNIFICATION AGREEMENT

THE UNDERSIGNED ASSUMES ANY AND ALL RISKS INHERENT IN ALL SPORTS, FITNESS, AEROBIC, STRENGTH TRAINING AND WATER RELATED ACTIVITIES, INCLUDING BUT NOT LIMITED TO, BODILY INJURY AND PHYSICAL HARM. YOUR SIGNATURE BELOW INDICATES YOU AGREE THAT PARTICIPATING IN THE ABOVE MENTIONED ACTIVITIES, YOU DO SO ENTIRELY AT YOUR OWN RISK.

IN CONSIDERATION, THEREFORE AS A VOLUNTEER, PARTICIPANT, EMPLOYEE, OR GUEST OF CAMILLE'S BODY SHOP OF NORTHERN MICHIGAN, LLC, THE FRIXEN'S RESIDENCE, OR ANY OTHER PREMISES WHERE CAMILLE'S BODY SHOP OF NORTHERN MICHIGAN CONDUCTS BUSINESS AND / OR OPERATIONS (HEREINAFTER, COLLECTIVELY REFERRED TO AS "THE BODY SHOP"), THE UNDERSIGNED DOES HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY THE BODY SHOP AND/ OR OTHER VOLUNTEERS, PARTICIPANTS, EMPLOYEES OR GUESTS WHILE AT THE BODY SHOP AND FURTHER RELEASE THEM FROM ANY LIABILITY OR ILLNESS TO THE UNDERSIGNED PERSON OR PROPERTY.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. YOU EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE BODY SHOP FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND YOU AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT YOU MAY HAVE OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THE BODY SHOP FOR PERSONAL INJURY OR PROPERTY DAMAGE.

TO THE EXTENT THAT STATUTE OR CASE LAW DOES NOT PROHIBIT RELEASES FOR NEGLIGENCE, THIS RELEASE IS ALSO FOR NEGLIGENCE.

IF ANY PORTION OF THIS RELEASE FROM LIABILITY SHALL BE DEEMED BY A COURT OF COMPETENT JURISDICTION TO BE INVALID, THEN THE REMAINDER OF THIS RELEASE FROM LIABILITY SHALL REMAIN IN FULL FORCE AND EFFECT AND THE OFFENDING PROVISION OR PROVISIONS SEVERED HEREFROM.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY.

PLEASE PRINT YOUR NAME: _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

WITNESS: _____ DATE: _____

PHONE NUMBER: _____

IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN:

_____ DATE: _____