



**“Our mission is to provide a continuum of health and fitness services that will rejuvenate the well being of our clients mind, body and spirit”**

## **Experience Momentum Events and Activities**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Emergency Contact/Relationship/Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Welcome to Experience Momentum! We are excited to have the opportunity to help you obtain better health through our events and activities. Our events and activities may challenge you, as such you must understand physical activity in a clinical/gym or in an outdoor setting can be dangerous. Safety is our number one concern, however accidents do occur. In the event you sustain an injury during an event or activity Experience Momentum Inc. will not be held liable. Experience Momentum Inc. and its staff also ask that all participants do not hold others reliable for injuries sustained. In essence you are taking responsibility for your actions and decisions made while participating in our events and activities.**

**Please initial here stating you understand and agree to this release of liability. \_\_\_\_**

**By signing below, you are releasing Experience Momentum Inc. and staff of all liability or any injuries or medical conditions developed during our events and activities.**

**Signing this agreement signifies that you understand all that has been stated above.**

Client Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list any physical limitations below. If you have a limitation that Experience Momentum Inc. feels may worsen as a result of strenuous exercise, we may ask that you see a physician or have you not complete certain activities.**

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