

Shadowmoss Plantation Golf Club

Release for Exercise and Fitness Programs

I hereby apply to participate in the exercise and fitness program of Shadowmoss Plantation Golf Club. My current health condition is good, and I am not aware of any disease, ailment, impairment, or disability that will or should prevent me from engaging in active or passive exercise or that would or might be detrimental to my health or physical condition. I understand, as with any physical activity, that there is always some risk of injury, and that individuals in otherwise good health sometimes suffer serious cardiac or other injury. I understand and accept these risks and agree to release and hold harmless Shadowmoss Plantation Golf Club, its employees and agents, for any injury or damages arising out of any fitness center exercise or fitness program I may engage in.

Participant's Signature

Date

Witness's Signature

Date

Print Name

Phone Number

Street Address

Alt. Number

City, ST Zip

Emergency Contact: _____

Phone No. _____ Alt. No. _____