

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR AUTOMOBILE REPAIR CLASSES

I, _____, hereby agree to the following:

1. I understand that these classes may require physical exertion and there may be health risks associated with physical activity, such as, but not limited to: episodes of transient light-headedness, fainting, abnormal blood pressure, nausea, musculoskeletal injuries, sprains and strains, muscle cramping & heart attack. If I experience any of these or any other symptoms while exercising, I will discontinue the activity, notify the Instructor, and consult my physician.
2. **I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the classes.** I represent that I have consulted with a physician and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the classes.
3. My obligation to immediately inform the Instructor of any unusual pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after the physical activity.
4. I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, that I might incur as a result of participating in the automobile repair class. **I agree to inform my instructor of any physical limitations, physical discomforts, and/or injuries before or during classes, and I take full responsibility for nondisclosure.**
5. In further consideration of being permitted to participate in classes, I, my heirs or legal representatives knowingly, voluntarily, and expressly forever waive, release, and discharge any claim I may have against Skills Junction, DPNCHC, Spaces United and their directors, instructors, employees, or other agents for injury or damages that I may sustain as a result of my voluntary participation in this automobile repair class.

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant:

Date:

- *I certify that I have reviewed all of the above terms of the Agreement, and by checking the following box, I hereby consent and agree to all of the above terms.*

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