

## Waiver, Release, and Assumption of Risk Form

I,	, have volunteered to participate in a fitness program
	("trainer"), which may include, but may not be limited to,
resistance training and aerobicand train me, I do here now as respective agents, heirs, assignights of action or causes of a or any exercise program incluTHIS WAIVER AND RELEATION MAY OCCUR AS A	c or cardiovascular exercise. In consideration of Trainer's agreement to instruct and forever release and discharge and hereby hold harmless Trainer and her ans, contractors, and employees from any and all claims, demands, damages, etion, present or future, arising out of or connected with my participation in this ading any injuries resulting there from.  ASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO FUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF
EQUIPMENT; (3) AND/OR	NEGLIGENT INSTRUCTION OR SUPERVISION.
I,	, have been informed of, understand and am aware that any
I also have been informed of, risk of injury, as well as abno stroke, other serious disability equipment and machinery with	not requiring the use of exercise equipment, is a potentially hazardous activity. understand and am aware that any exercise and/or fitness activities involve a rmal changes in blood pressure, fainting, and a remote risk of heart attack, or death, and that I am voluntarily participating in these activities and using the full knowledge, understanding and appreciation of the dangers involved. I tame and accept any and all risks of injury, regardless of severity, or death.
fitness and/or exercise progra performed. If I,	m, or initiating a substantial change in the amount of regular physical activity  have chosen not to obtain a physician's consent prior to  with Trainer, I hereby agree that I am doing so solely at my own risk. In any
and/or exercises in which I pa of the date of signing this doc	ee that I assume the risks associated with any and all fitness related activities articipate. I do hereby further declare myself to be over the age of eighteen as ument, physically sound and suffering from no condition, impairment, disease, would prevent my participation in these activities, whether or not the activities ent.

I understand that all information and services provided by Trainer is of a general nature and is provided for educational purposes only. None of the information or services provided by Trainer is to be taken as medical or other health advice pertaining to any specific health or medical condition that I may have or have had. The information and services provided by Trainer is not a diagnosis, treatment plan, or recommendation for a particular course of action regarding my health and is not intended to provide specific medical advice.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant's signature	
Please print name	
Parent or legal guardian (if participant is under age eighteen)	Date
Please print name	