

AGREEMENT AND RELEASE OF LIABILITY FORM

1. In consideration of being allowed to participate in the personal fitness training activities and programs of **NANCY J. KRANK** and use of her facilities, in-person and virtual, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge **NANCY J. KRANK** and her officers, agents, employees, representatives, executors and all others acting on her behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on her behalf, arising out of or connected with my participation in any activities, programs or services of **NANCY J. KRANK**, or the use of any equipment at various sites, including her home and my home, provided by and/or recommended by **NANCY J. KRANK**. (PLEASE INITIAL_____).

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (PLEASE INITIAL_____).

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examinations and consultations with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (PLEASE INITIAL_____).

4. I understand that **NANCY J. KRANK** provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being, or a medical opinion relating thereto. (PLEASE INITIAL_____).

Agreed to this _____ day of _____, 20_____.

Client's Signature

Trainer's Signature
Client #

