



Chris Proctor Wellness Assumption of Risk and Waiver Release Form

1. **Medical Recommendation.** You hereby acknowledge that you have had a physical examination by your doctor prior to utilizing my fitness training services and have no physical restrictions in regards to exercise and physical activity. If you have not been examined by your physician recently, I highly recommend that you consult with your physician or have a physical examination before using any physical equipment or engaging in any exercise program, especially if you are elderly, pregnant, unaccustomed to physical exertion, have physical limitations, or a history of high blood pressure, heart problems, or any other chronic illness. You acknowledge that I have made no claims or promises as to medical results that can or may be obtained through the use of my fitness training services.

2. **Activity Risk; Waiver.** Any strenuous athletic or physical activity involves certain risks. By signing this form, you represent that you understand that there is a risk of injury if you don't follow my fitness training plans correctly. You are knowingly and voluntarily engaging in my fitness training services with the knowledge of such risks, and you hereby assume any and all known and unknown risks of injury, illness or death that may occur in connection with any and all fitness training services. Participation in my fitness training services is completely voluntary, and you elect to participate in spite of the risks.

3. **Release of Liability.** You hereby release me and my business, Chris Proctor Wellness, from all liability to you or for any and all claims, damages, or demands for personal injury or death arising from or related to the fitness training services. You understand that this release includes all claims against me and Chris Proctor Wellness arising from ordinary negligence, but that it does not include claims arising from gross negligence. You agree that this release constitutes a complete release, discharge and waiver of any and all actions or causes of action (other than those arising from gross negligence), against me or Chris Proctor Wellness, arising from or related to the training services. You agree that neither you, nor your parents, heirs, assigns, personal representative, guardian, or estate, will make a claim against, sue, or attach the property of me or Chris Proctor Wellness for injury, illness or death resulting from the negligence or other acts, howsoever caused, by me or Chris Proctor Wellness as a result of your participation in the fitness training services.

Print name:

Signature:

Date: