



## Responsibility of Injury Liability Waiver 2024

### Soul Fitness Hawaii, LLC

Mellony Paukea Reshell Soares Mercado, CFT, SSC, SSN, SET  
Certified Elite Master Trainer, Nutrition Specialist, & Transformation Lifestyle Coach

#### Expression Assumption of Risk Prospective Liability and Release Agreement

I, \_\_\_\_\_, the undersigned, hereby expressly and affirmatively state that I wish to participate in fitness activities, group indoor fitness classes, group outdoors fitness classes, workplace fitness classes, in gym personal training, in fitness studio personal training, nutrition coaching, exercise therapy, lifestyle consultation, and in the use of exercise equipment in various indoor and outdoor locations, including home, park, gym, studio, or worksite that may provide or be recommended by Mellony Puakea (PK) Reshell Soares Mercado, Soul Fitness Hawaii, LLC. I Realize that my participation in these activities or use of fitness equipment involve risk of injury including, but not limited to loss of consciousness, abnormal blood pressure, disorder of heartbeat, and in rare instances heart attack or death. I also recognize that there are many other risks of injury, including serious disability injuries that may arise due to my participation in these or in the use of the equipment, and such risks include remote ones, have been reviewed with me.

I also understand that under some circumstances, I may choose to engage in activity in a non-supervised setting (MEMBERS ONLY OPEN GYM) under circumstances there is no one to respond to any emergency that may arise as a result of my participation or use of equipment on an individual basis, in and unsupervised setting. I know the material risk and appreciating, equipment in supervised/attended and unattended setting {within which setting I acknowledge that the risk of death may be greater than the other settings.} hereby expressly ASSUME ALL DELINEATED RISK OF INJURY, Covid-19 illness, all other possible risks of even death.

If you **AGREE PLEASE INITIAL**

I hereby affirm that I know of my PRE-EXISTING MEDICAL CONDITIONS, (please list conditions and if taking medications on back of the waiver and discuss with Soul Fitness Hawaii, LLC, before participating in any or all exercises.) **INITIAL HERE: \_\_\_\_\_**.

I have consulted my primary care physician and have obtained a Medical Release form if it is stated and required. I affirm and recognize the risk due to the PRE-EXISTING Medical Conditions, and do not hold Mellony Puakea Soares Mercado, Soul Fitness Hawaii, LLC, liable for any risks that concern my present state of health, due to the listed risks and medical conditions on back of waiver. Upon my doctors, recommendations.

If you AGREE, please **INITIAL HERE: \_\_\_\_\_**.

I Hereby affirm that my medical physician has never said I WAS NOT ABLE TO DO PHYSICAL ACTIVITIES. **If you AGREE, Please INITIAL HERE: \_\_\_\_\_**.

Soul Fitness Hawaii, LLC Gym & Fitness Studio 485 Kinoole St. Hilo, HI. 96720 1-808-315-9130  
Email. [soulfitnesshawaii@gmail.com](mailto:soulfitnesshawaii@gmail.com)

I have had the opportunity to state my concerns, ask questions and was also asked questions in return regarding my state of health. In Witness whereof, the participant has executed the EXPRESS ASSUPTION OF RISK/PROSPECTIVE WAIVER OF LIABILITY AND RELEASE AGREEMENT, this POST DATE: \_\_\_\_\_ DAY OF \_\_\_\_\_, 2024. Which shall be binding upon participant and their heirs, executors, administrators, and assigns. The PARTICIPANT, does hereby further agree to indemnify and hold MELLON PUAKEA SOARES MERCADO, Soul Fitness Hawaii, LLC and or named herein absolutely harmless in the even that anyone claiming any cause of action as a result on any injury, Covid-19 illness, or any other illnesses related to any pandemic, and or death to the participation attempts at any institute any claim suit against Mellon Puakea Soares Mercado, Soul Fitness Hawaii, LLC, as arising out of any of the activities or programs herein or in the use of equipment on any premise.

If you Agree Please Sign your FULL Name : \_\_\_\_\_ Today's Date: \_\_\_\_\_

Participants Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact must be on the ISLAND OF HAWAII: Working PHONE: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*IMPORTANT: INCASE OF EMERGENCY, If CPR OR ANY LIFE SAVING medical methods are needed, do you allow for CPR or First Aid if it is available, If not do you have a NO resuscitate request? Please list YOUR REQUEST in your own words here:*

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Notes: