Release of Liability (Waiver) Form

By signing this form, you as a client agree that if you engage in any physical exercise or activity provided by your trainer, you do so **entirely at your own risk.**

Any recommendation for changes in diet including the use of food supplements and weight reduction products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and **assume all risks of injury, illness or death.**

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of; (a) your participation in any activity or personal training session and (b) instruction, training, supervision, or dietary recommendations by your Personal Trainer or Fitness Instructor.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability.** You expressly agree to release and or discharge your personal trainer or fitness instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against your trainer or fitness instructor for personal injury or property damage.

To the extent that statute or case law does not prohibit release for negligence, this release is also for negligence on the part of the Personal Trainer or Fitness Instructor.

If any portion of this release form liability shall be deemed by a Court of Competent Jurisdiction to be invalid, then the remainder of this release from liability shall remain in **Full Force** and effect and the offending provision or provisions severed here from.

By signing this release, you acknowledge that you have understood its content and that this release cannot be modified orally.

Clients Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_