



## Lean Fitness and Wellness Participation Agreement 2024

Name:		DOB: YY/MM/DD
Email:		
Address:		
Cell Phone	Other Phone:	
Emergency Contact:		
Phone:	Medical Alet:	

### Assumption of Risk

I \_\_\_\_\_ (print name), am aware of my own health and physical condition. I acknowledge there is possible danger/risk connected with my participation in any physical activity (including physical injury and death). I knowingly and willingly waive all my rights to pursue money, damages, or any other kind of relief of any kind against Lean Fitness and Wellness/Julie Wynhofen/or other class Instructors. I assume all risks associated with Lean Fitness and Wellness programs including class participation, personal training, special events, other organized sports or activities. The assumption of risk and waiver of liability also applies to family members, successors, heirs, and assigns.

This agreement was made between Lean Fitness and Wellness Julie Wynhofen, Laura Russell and

\_\_\_\_\_ Date \_\_\_\_\_ YY/MM/DD  
Print Name

Participant Signature: \_\_\_\_\_

### General Photography Release

I hereby authorize Lean Fitness and Wellness to publish photographs taken during class for the purpose of online marketing/Facebook/Website. I acknowledge that my participation is voluntary and that I will not receive financial compensation. I acknowledge and agree that the publications of said photos, confers no rights of or ownership or royalties whatsoever. I hereby release and hold harmless Lean Fitness and Wellness from any reasonable expectation of privacy or confidentiality associated with the images specified above.

Authorization

\_\_\_\_\_ Date \_\_\_\_\_ YY/MM/DD  
Signature

