



Contract Agreement and Assumption of Risk and Release of Liability

In consideration of being allowed to participate in the activities and programs of TranZitionMe, LLC and to use its studio, equipment and machines for the fees paid for these activities, I for myself, and my executors and administrators, do hereby **WAIVE, RELEASE AND FOREVER DISCHARGE** TranZitionMe, LLC and its officers (including fitness trainers) (hereinafter referred to collectively as “private personal trainers”) or others acting on their behalf, from any and all responsibility liability, demands and claims, arising from or connected with injuries or damages to myself or minor members of my family, resulting from my (or their) participation in any TranZitionMe, LLC activities, or from my (or their) use of TranZitionMe, LLC equipment or machinery in the above mentioned activities, including but not limited to injuries or damage caused by the negligent acts or omissions of TranZitionMe, LLC personnel.

I understand and am aware that participation in TranZitionMe, LLC activities, including but not limited to strength, flexibility and aerobic exercise, use of equipment, and use of the SPA all involve potentially hazardous activities, even under the supervision of TranZitionMe, LLC personnel.



I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the danger involved. I hereby agree to expressly assume and accept any and all risks of injury or death, regardless of the cause.

TranZitionMe, LLC Personnel are not trained in medicine, and make no determination of my fitness to participate in TranZitionMe, LLC activities. I hereby declare myself to be physically sound. I have either had a physical examination and have been given my physician's permission to participate, or I have decided to participate in TranZitionMe, LLC activities and to use TranZitionMe, LLC equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities.

I have read the above conditions and accept them as shown by my signature.

Date: _____

Name: _____

Signature: _____