



Breakthrough Training Liability
Waiver

NAME _____

D.O.B: _____ AGE: _____

ADDRESS: _____

PHONE # _____

If you are under the care of a physician or have experienced ANY Significant medical issues. Clearance from your physician should be obtained. If you haven't undergone a physical examination it is recommended that you do so before beginning an exercise program.

I _____ hereby acknowledge that **ALL** Information provided by me is accurate and that i have read and Understand the terms of this **WAIVER OF LIABILITY** and indemnity Agreement prior to signing, and **AGREE TO ALL TERMS.**

The exercise and activity opportunities offered through **BREAKTHROUGH TRAINING** allow a person to engage in various Exercise and physical activities. I recognize and understand that there Are risk including but not limited to- Sprains, Strains, Broken bones, Concussions, Lacerations, Abnormal blood pressure, Heart Disorders, Fainting, Shortness of Breath, Chest Pain, Strokes, Heart Attack, and/or Death.

I acknowledge that I have been advised to obtain necessary medical clearance from my physician. I hereby assume full responsibility for any and all risk of any bodily injury, illness, death, and/or property damages suffered by me.

It is for this reason that I, intending to be legally bound, hereby release, waive, discharge any covenant not to sue **BREAKTHROUGH PERSONAL TRAINING**, it's officers and employees from any and all liability and from any loss, injury, damage, claims, or demands. Any injury incurred while engaging in any activity while at **BREAKTHROUGH TRAINING** is done entirely **AT MY OWN RISK**.

I further agree that this forgoing release, waiver, and indemnity Agreement is intended to bind not only myself, but also my heirs and representatives.

Name(Print)_____

Sign_____

Parent/Guardian(If minor)_____

Sign_____ Date_____