

CLIENT WAIVER AND RELEASE OF LIABILITY

Coach: Josh Sunshine, Sunshine Elevations LLC

Client Name: _____

Date: _____

In consideration of being allowed to participate in fitness coaching services provided by Sunshine Elevations LLC, I, the undersigned, acknowledge and agree to the following:

1. **Voluntary Participation:** I am voluntarily participating in the Services provided by Sunshine Elevations LLC, which may include strength training, cardiovascular conditioning, flexibility exercises, and nutritional guidance.
2. **Assumption of Risk:** I understand that physical exercise involves risks of injury, including but not limited to heart attack, muscle strain, sprains, broken bones, or other serious injury. I knowingly and freely assume all such risks.
3. **Medical Clearance:** I affirm that I am in good physical condition and do not suffer from any known disability or condition that would prevent or limit my participation. I have been advised to seek medical clearance before beginning any exercise program.
4. **Release and Waiver:** I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold harmless Sunshine Elevations LLC and its representatives from any and all liability, claims, demands, causes of action, or damages related to my participation in the Services.
5. **Indemnity:** I agree to indemnify and hold Sunshine Elevations LLC harmless against any claims, demands, or causes of action for injuries or damages arising out of or connected with my participation.
6. **Photography/Media Release (Optional):** I ☐ DO / ☐ DO NOT consent to photographs or videos being taken for marketing or promotional purposes.

Client Signature: _____

Print Name: _____

Coach Signature: _____

Date: _____