



WAIVER & RELEASE FORM

I understand that physical exercise can be strenuous and subject to risk of serious injury, you are urged to obtain a physical examination from a doctor before participating in any exercise activity.

I, (**PRINT NAME** _____) agree that if I engage in any physical exercise or activity, including but not limited to any personal coaching, group fitness class, or obstacle course/OCR training, I do so **entirely at my own risk.**

Any recommendation for changes in diet including the use of food supplements and weight reduction products are entirely my responsibility and I should consult a physician prior to undergoing any dietary or food supplement changes. I agree that I am 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) participation in any activity or personal coaching session, (b) instruction, training, supervision, or dietary recommendations by BC Fitness, LLC or my Personal Coach.

I acknowledge that I have carefully read this “waiver and release” and fully understand that it is a **release of liability.** I expressly agree to release and discharge BC Fitness, LLC and all BC Fitness coaches from all claims or causes of action. I also agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against BC Fitness, LLC or its coaches 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 BC Fitness, LLC it’s all coaches and other personnel.

If any portion of this release from 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, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: _____ D.O.B.: ___/___/___

Parent/Guardian: _____ Dated: ___/___/___

Email: _____

I would like receive email updates on **BC FITNESS** classes and special events.

Mobile: (____) _____ - _____

I would like to be added to the **BCFITFAM** text group and receive text reminders for upcoming classes and special events.



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