

WAIVER

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I hold ChrisFIT Inc. harmless of any responsibility.

CANCELLATION POLICY

I am aware that I will be responsible for the full session payment if I cancel within 24 hours of the scheduled appointment. If I call to reschedule my appointment to another day within the 24 hours, it will also be considered a cancellation and I will be responsible for the full payment.

- Packages expire 3 months from date of purchase
- Sessions are non-transferrable
- No refunds

Signature_____ Date:_____