

ARROW OPTIMIZE

TRAINER'S RELEASE OF LIABILITY

I. THE PARTIES. This Informed Consent and Assumption of Risk and Release of Liability ("Release") is made on the Effective _____ and entered between:

Client: _____ with a mailing address of _____ ("Client") and

Personal Trainer: *Arrow Optimize* with a mailing address of *PO Box 161965, Big Sky, MT 59716* ("Personal Trainer").

II. GYM. The Personal Trainer is: Not Affiliated with any other entity and is acting on their own behalf.

III. INFORMED CONSENT. The Client acknowledges, certifies, and accepts the following: (initial where applicable)

_____ – Physical Condition. That they are of adequate physical condition to participate in exercise despite any current medical conditions they may possess.

_____ – Assumption of Risk. That they assume the risk of physical injury from any advice, instruction, or action conducted during or as a result of a Session with the Personal Trainer.

_____ – Reporting Discomfort. That any discomfort, distress, or uncomfortable feelings will be immediately brought to the attention of the Personal Trainer.

_____ – Indemnification. That they will NOT hold the Personal Trainer or its employer, affiliates, agents, or any other entity or individual connected to them, either directly or indirectly, liable for any result from the Sessions.

_____ – Responsibility. That they, the Client, assume all responsibility for a Client's participation in the Sessions.

Client Signature: _____ Date: _____

Print Name: _____

Personal Trainer Signature: _____ Date: _____

Print Name: *Amy Wiezalis / Arrow Optimize*