

Liability Waiver for Clients of Jenn Bartholomew

ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

By signing the form below, "I Accept":

I acknowledge that my participation in health coaching is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

1. Physical exercise, sport, and recreational activities may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, wellness, and/or recreational activities. My participation is a voluntary activity in all respects and I assume all risks of injury and illness that may result from such participation in any individual activities.

2. As the participant, I recognize and acknowledge that there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I may sustain as a result of participating in any and all activities arising out of, connected with, or in any way associated with wellness activities. I acknowledge that participation in these activities is voluntary.

3. I, on behalf of myself, do hereby fully release and discharge Jenn from any and all liability, claims, and causes of action from injuries or illness (including death), damages or loss which I may have or which may accrue to me on account of participation in suggested wellness activities. This is a complete and irrevocable release and waiver of liability. Specifically, and without limitation, I, on behalf of myself, hereby release the Released Parties from any liability, claim, or cause of action arising out of the Released Parties' negligence. I, on behalf of myself, covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action released hereunder.

4. I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any way associated with my participation in wellness activities.

5. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

6. I have been advised by Jenn Bartholomew to consult with a physician before I undertake any physical exercise program. I certify that I am in good health and sufficient physical condition to properly participate in fitness activities; that I am knowledgeable about the proper use of any and the rules of any activities that I will participate in; and that I will carefully read the operating instructions for any fitness equipment prior to use and will operate such equipment in strict accordance with instructions.

I have read and fully understand this Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including claims for the negligence of the Released Parties.

I am 18 years old or older. I understand that my signed waiver will be retained in my client personnel file. This document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled to act on my behalf.

By completing, signing, scanning and returning (to JennESDS@gmail.com) the form below, "I Accept".

First Name: (required)

Last Name: (required)

Signature: (required)

Email Address: (required)

Date: (required)

- By checking this circle, "I ACCEPT" that I acknowledge this Liability Waiver.

All information sent shall be held in the strictest confidence. To read our full **privacy policy**, [click here](#).