



**Authentically PHIT**  
**Fitness Waiver**

I \_\_\_\_\_ hereby agree to accept and be legally bound by this Training Contract. By initialing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content. \_\_\_\_\_

**RELEASE OF LIABILITY (Please Read Carefully)**

In consideration of my being able to participate in the a Personal Training Program, I understand that I must purchase a daily or monthly package of training sessions and must read, agree to and sign this agreement where I assume the risks for participation, waiver of liability, and personal training policies and procedures.

I understand that the program is voluntary and that Authentically PHIT will develop and guide me through my exercise program. I represent that I will disclose any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. During the program if my medications, condition, or medical limitations should change, I will notify the Trainer. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so I am aware of what is appropriate for me. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician.

I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform the Trainer of any symptoms such as fatigue, shortness of breath or chest discomfort.

I realize that participation in the program includes but are not limited to exercising, use of exercise equipment and strength training all of which increase heart rate and body temperature.

I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries, heart attack, and stroke. Injuries could also occur to bones, joints and muscles. Slips, falls, and unintended loss of balance could as well result in bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program.

I fully understand that I may suffer injury as a result of my participation in the program and I hereby release Authentically PHIT, myself, my employees, heirs, assigns, agents, officers, directors, shareholders and co-workers from any and all liability now or in the future, including but not limited to medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

Knowing the material risks, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the outlined risks of injury, and all other possible risk of injury which could occur by reason of my participation.

I AGREE AND UNDERSTAND. INITIAL HERE \_\_\_\_\_.

I do hereby waive, release and forever discharge to Authentically PHIT, myself, my employees, heirs, assigns, agents, officers, directors, shareholders and co-workers from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to exercise, personal training or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above. I AGREE AND UNDERSTAND. INITIAL HERE \_\_\_\_\_.

AGREED TO BY: \_\_\_\_\_ DATE: \_\_\_\_\_