

Personal Training/Camp Liability Waiver Form

Client Information

Full Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

_____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Contact Number: _____

Waiver & Release of Liability

I, [_____], hereby acknowledge that I have voluntarily chosen to participate in a physical exercise program with Justin Hollie or ETL Trainer. I understand that the program includes activities that may be strenuous and may cause bodily injury. I am fully aware of the risks and hazards involved.

Acknowledgement of Risks:

- I acknowledge that physical exercise can involve risk of serious injury or even death
- I understand that it is my responsibility to consult with a physician prior to my participation in this exercise program.
- I declare that I am physically fit and able to participate in this program.

Release of Liability:

- I hereby release East Texas Legends, LLC, its trainers, employees, agents and representatives from any claims, demands and causes of action arising from my participation in the exercise program.
- I fully understand that I may injure myself as a result of my participation and I voluntarily assume the risk of such injury.
- I agree to indemnify and hold harmless East Texas Legends, LLC, against any claims of injury, damage or loss.

Acknowledgement of Understanding

- I have read this waiver and release of liability and fully understand its terms.
- I acknowledge that I am signing this waiver freely and voluntarily
- I agree this waiver and release is binding upon myself, my heirs, executors, administrators and representatives.

Consent for Emergency Medical Treatment: I consent to medical treatment for emergencies during my participation in the exercise program where I am unable to consent to such treatment.

Client Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Trainer Signature, if applicable: _____ Date: _____