

ON FIRE TRAINING LLC

PERSONAL TRAINING LIABILITY RELEASE AND WAIVER AGREEMENT

Participant Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Acknowledgment of Risks

I, the undersigned, understand and acknowledge that participating in **On Fire Training LLC / Personal Training** involves physically demanding activities. These may include, but are not limited to, weightlifting, cardiovascular training, high-intensity exercises, and the use of fitness, functional, and simulated equipment.

I recognize that engaging in such activities can increase physical strain, create environmental challenges (e.g., heat stress, restricted movement, or visibility), and heighten the risks of injury, illness, or other health complications.

I further acknowledge that some fitness equipment and gear may contain or have been exposed to materials that could pose health risks. I accept responsibility for understanding these risks and taking appropriate precautions during training.

Assumption of Risk

I voluntarily assume all risks associated with participating in this program, including those related to the use of fitness, functional, or simulated equipment or other training tools. I accept full responsibility for any injuries, damages, or losses that may occur, whether arising from my own actions, the negligence of others, or the nature of the activities involved.

Release of Liability

In consideration of being permitted to participate, I release, waive, and discharge **On Fire Training LLC**, its owners, trainers, employees, agents, and affiliates from any and all claims, liabilities, demands, or damages that may arise from my participation, including those related to the use of fitness, functional, or simulated equipment or other training tools.

This release is intended to be as broad and inclusive as allowed under Florida law.

Indemnification

I agree to indemnify and hold harmless **On Fire Training LLC** and its representatives from any claims, damages, or liabilities arising from my actions or participation in the program, including those involving fitness, functional, or simulated equipment or other training tools.

Medical Emergency Consent

I authorize **On Fire Training LLC** to seek emergency medical treatment on my behalf if necessary, including during activities involving fitness, functional, or simulated equipment. I accept responsibility for all associated costs.

Florida Law

This Agreement shall be governed by and construed under the laws of the State of Florida. Any disputes shall be resolved exclusively in the courts of the county where **On Fire Training LLC** operates.

Photography/Video Release (Optional)

I grant permission for **On Fire Training LLC** to use photographs or videos taken during training sessions, including those where firefighter gear or equipment is used, for promotional purposes.

- ☐ Yes
☐ No

Acknowledgment and Agreement

By signing below, I confirm that I have read and fully understand this Liability Release and Waiver Agreement. I acknowledge the risks associated with **On Fire Training LLC** and voluntarily agree to the terms stated herein.

Signature: _____

Date: _____

Printed Name: _____

Additional Notes

Including specific language about the use of fitness, functional, and simulated equipment ensures participants are fully aware of the additional risks involved. As always, consult with a Florida-based attorney to verify compliance with local laws and industry standards.

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