



NAME _____
DOB _____

PHONE# _____
EMAIL _____

You are voluntarily engaging in an exercise training program. The purpose of this program is to develop and enhance cardiorespiratory fitness, body composition, flexibility and muscular strength and endurance. The program may include walking, jogging, swimming, cycling, calisthenics and weight training. You are responsible for monitoring your own condition while exercising. Should any unusual symptoms occur, advise the trainer, cease participation and consult your physician.

PAYMENT POLICY

- Payments are required when scheduling appointments.
- Cancellations must be made 48 hours in advance.
- Failure to do so is forfeiture of the session.
- Prepaid packages must be completed within one year.
- No Refunds.

I, on behalf of myself and/or my ward, grant unlimited permission to releases to use, reproduce, distribute any and all photographs, images, video tapes, motion pictures, recordings or any other depictions or my likeness and understand that I will not be entitled to any compensation therewith.

I, on behalf of myself, heirs, legal representatives, next of kin and successors certify that I have read, understand and agree to comply with the policies as stated. I further agree to hold harmless THE VALT, Tokoebe Lyles and any property or venues leased/owned by THE VALT or Tokoebe Lyles from any and all claims, law suits, losses, or related causes of action for damages including but not limited to injury or death, accidental or otherwise during or arising in any way from the exercise program.

hello@realllygreatsite.com

[Facebook/Twitter/Instagram](#)

Signature _____

Date _____