ACEY DEUCEY FITNESS, LLC. PERSONAL FITNESS TRAINING WAIVER AND RELEASE FORM

I, _____, acknowledge that a Personal Fitness Training Program is designed to provide general guidelines by a Fitness Trainer. I understand that there are health risks associated with activities in this Personal Fitness Training Exercise program. These health risks include, but are not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. If I experience any of these or any Other symptoms while exercising, I will discontinue the activity, notify the Fitness Trainer, and consult my physician.
_____ (Initial)

I am capable of performing physical exercise and acknowledge that I am voluntarily participating in this Personal Fitness Training Program. I am participating in the Personal Fitness Training Program with knowledge of the dangers and risks involved. I understand that I am fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult my personal physician for further evaluation and such medical care as I require.
_____ (Initial)

I acknowledge that my participation in the Personal Fitness Training program is at my sole risk. I have been advised to consult with my personal physician before participation in the training sessions. If recommended by my physician, I will consult with him/her on a regular basis. The Fitness Trainer or other fitness staff is not responsible for monitoring my compliance with my physician's recommendations. Even consultation with my regular physician is in no way a guarantee against the possibility of adverse occurrences during the training sessions. _____ (Initial)

I am responsible for my own health and actions in this Personal Fitness Training Program. I am voluntarily participating in the fitness activities and am aware of the risks involved. _____ (Initial)

In consideration for my voluntary participation in the Personal Fitness Training Program I, my family, heirs, executors, representatives, administrators, and assigns waive, release, and forever discharge the company known as ADF, Inc., and their respective managers/officers, directors, employees, and agents; and my group exercise instructor, from any and all responsibilities, liabilities and lawsuits, present or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of or access to the ADF, Inc., services/programs and my participation in the Personal Fitness Training Program. This waiver includes, but is not limited to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise or recreation activity or fitness testing associated with the Personal Fitness Training Program. I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by the company known as ADF, Inc., and/or my Personal Fitness Trainer. _____ (Initial)

I certify that I have read the above Personal Training Waiver and Release of Liability and have had any questions answered to my satisfaction.

Client Name (print): _____ Signature: _____ Date: ___/___/_____
Mailing Address: _____
Street City Zip Code
Email Address: _____ Phone number: _____
Date of Birth: ____/____/_____ Age: ____ Gender: _____
Emergency Contact: _____ Phone: _____
Acey Deucey Fitness Staff (print): _____ Signature:_____ Date: ___/___/____