## FITNESS WAIVER

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program at [BUSINESS NAME] ("Business.") It is critical that you read and understand it completely.

## Waiver, Informed Consent and Covenant not to Sue

## **Assumption of Risk**

| I,          |                   |             | _, recogni | ze that exer  | cise migh  | t be dif  | ficult and | d strenuc  | us  |
|-------------|-------------------|-------------|------------|---------------|------------|-----------|------------|------------|-----|
| and that th | nere could be dan | ngers inher | ent in exe | rcise for som | ne individ | uals. I a | cknowle    | dge that f | the |
| possibility | of certain unusu  | ual physica | l changes  | during exerc  | ise does e | exist. Th | ese chan   | ges inclu  | ıde |
| abnormal    | blood pressure;   | fainting; o | disorders  | n heartbeat,  | heart att  | ack and   | d, in rare | instanc    | es, |
| death.      | •                 |             |            |               |            |           |            |            |     |

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognized that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I, \_\_\_\_\_\_\_, have chosen not to obtain a physician's permission prior to beginning this exercise program with [BUSINESS NAME], I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representation have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

| I ACKNOWLEDGE THAT I HA<br>AND FULLY UNDERSTAND T<br>DOCUMENT, I AM WAIVING<br>BRING A LEGAL ACTION OF<br>YOUR NEGLIGENCE OR THAT | HAT IT IS A RELEASE OF LI<br>ANY RIGHT I OR MY SUC<br>R ASSERT A CLAIM AGAIN | ABILITY. BY SIGNING THIS CESSORS MIGHT HAVE TO |
|---|--|--|
| Signature   | Date   |  |
| Printed Name  |  |  |