

F.I.T.
Focused
Individualized
Technique Based
PERSONAL TRAINING

Liability Release Form

1. In consideration of being allowed to participate in the exercises and activities of F.I.T. Personal Training and the use of its facilities, equipment, and machinery in addition to the payments of any fee or charge, I do hereby waive, release, and forever discharge F.I.T. Personal Training and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injury or damage resulting from my participation in but not limited to the testing protocols, exercises, activities, and use of facilities, equipment and machinery of F.I.T. Personal Training. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself incurred during or developing from my participation, including those caused by negligent act or omission or connection with my participation in any activities of F.I.T. Personal Training or the use of any equipment.

(please initial _____)

2. I understand and am aware that cardiovascular endurance, muscular strength and endurance, and flexibility testing, training and exercise, including the equipment and machinery are potentially hazardous activities. I also understand that these exercise and fitness activities have inherent risks of injury, and that I am voluntarily participating in these activities.

(please initial _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness which would compromise my safe participation in the testing protocols or the use of equipment and machinery of F.I.T. Personal Training. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in exercise and fitness activities or in the use of exercise equipment or machinery. I hereby acknowledge that the information I have provided in my personal health history questionnaire and during pre-screening interviews, risk stratification contraindication guidelines is true and complete to the best of my knowledge. I hereby further acknowledge that I have been given my physician's permission to participate in the exercise and fitness activities of F.I.T. Personal Training or that I have decided to participate in the exercise and fitness activities of F.I.T. Personal Training and use the equipment and machinery in these activities without the approval of my physician and do hereby assume all responsibility for my participation in activities and use of equipment and machinery.

(please initial _____)

Signature of Participant

Date

Katie McCarthy

07444 201305

K6mccarthy@gmail.com