**Waiver of Liability Form-**

Member acknowledges that the personal training fitness assessment includes participation in strenuous physical activities, including but not limited to, weight training, cardio-vascular activities and various nutritional programs. Member affirms that he/she is in good physical condition and does not suffer from any disability that would prevent or limit participation in physical activities. Member acknowledges that participation will be physically and mentally challenging. Member also agrees that it is the responsibility of the member to seek competent medical or other professional advice regarding any concerns involved with the ability of the member to take part in such physical activities. Member Agrees to assume all risks and responsibility in not exceeding his or her own physical limits.

Thank you!

Members Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

(If under 18 years of age must have a parent/guardian signature)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_­­­­­­­