**Personal Training**

**WAIVER AND LIABILITY RELEASE FORM**

**This Waiver and Liability Release Form ("Release") is executed by the undersigned ("Participant") in favor of [Your Personal Training Company Name] ("Company"), its owners, employees, agents, and representatives (collectively, "Released Parties").**

**1. ASSUMPTION OF RISK**

I, the undersigned Participant, acknowledge and understand that participating in personal training activities, exercises, and related fitness programs involves inherent risks, including but not limited to, risk of injury, physical harm, or death. I willingly and voluntarily assume all risks associated with my participation in these activities.

**2. WAIVER OF LIABILITY**

In consideration of being allowed to participate in personal training activities and programs provided by the Company, I hereby waive, release, and discharge the Released Parties from any and all claims, liabilities, demands, actions, or causes of action for any injuries, damages, or losses that I may sustain as a result of my participation in such activities, including but not limited to, those arising from negligence or fault of the Released Parties.

**3. MEDICAL CONDITION**

I certify that I am in good health and have no known medical conditions that would impair my ability to safely participate in the personal training activities. I acknowledge that it is my responsibility to consult with a healthcare provider before starting any new exercise program and to inform the Company of any existing health issues or concerns.

**4. INDEMNIFICATION**

I agree to indemnify and hold harmless the Released Parties from any claims, demands, liabilities, or expenses (including reasonable attorney fees) arising out of or related to my participation in personal training activities or any breach of this Release.

**5. PHOTOGRAPHY AND MEDIA RELEASE**

I consent to the use of any photographs, videos, or other media taken of me during personal training sessions for promotional and marketing purposes by the Company. I understand that I will not receive any compensation for such use.

**6. AGREEMENT TO FOLLOW INSTRUCTIONS**

I agree to follow all instructions and guidelines provided by the personal trainer and to conduct myself in a safe and respectful manner during personal training sessions. I understand that failure to follow instructions may result in my being asked to discontinue participation.

**7. GOVERNING LAW**

This Release shall be governed by and construed in accordance with the laws of the state in which the Company is located, without regard to its conflict of law principles.

**8. SEVERABILITY**

If any provision of this Release is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

**9. ENTIRE AGREEMENT**

This Release constitutes the entire agreement between the Participant and the Company regarding the subject matter hereof and supersedes all prior agreements and understandings, whether written or oral.

**By signing below, I acknowledge that I have read this Waiver and Liability Release Form, fully understand its terms, and agree to be bound by it. I am aware that by signing this form, I am giving up certain legal rights, including the right to sue the Released Parties.**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer’s Name (if applicable): **\_\_\_\_\_\_\_DERYK GROSSE\_\_\_\_\_\_**

Trainer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: If the Participant is under 18 years of age, a parent or legal guardian must sign below.**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_