



LivFit Strength & Conditioning

Waiver, Release, and Assumption of Risk Form

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, sign in the spaces provided at the bottom of the page.

Waiver, Informed Consent, and Covenant Not to Sue

I have volunteered to participate in a program of physical exercise under the direction of Michele Sodon and LivFit Strength & Conditioning, which will include, but may not be limited to, weight and/or resistance training, cardiovascular conditioning, online personal training plans and general nutrition guidance. In consideration of Michele Sodon's agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Michele Sodon and LivFit Strength & Conditioning and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. **THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT ON OR OFF-SITE AND (3) OR NEGLIGENT INSTRUCTION OR SUPERVISION.**

Assumption of Risk

I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, 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 recognize 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 LivFit Strength & Conditioning, 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 representations 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 HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST Michele Sodon and/or LivFit Strength & Conditioning FOR NEGLIGENCE OR THAT OF ITS EMPLOYEES, AGENTS, OR CONTRACTORS.

CLIENT SIGNATURE

CLIENT'S PRINTED NAME

DATE

Further, it is understood that parts of this class may be recorded and/or pictures taken either of which may be posted on the LivFit Strength & Conditioning website or related social media. If you would PREFER NOT to be featured in pictures and/or recordings, please signify by initialing here. _____