**Personal Training and Group Fitness**

**WAIVER AND RELEASE OF LIABILITY**

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| **First Name:** | **Last Name:** |
| **Address:** | |
| **City:** | **State/Zip:** |
| **Phone:** | **Email:** |

Warning: THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS, READ IT CAREFULLY! Every program participant must read and understand this Waiver and Release of Liability prior to participating in the program.

By signing this document, I hereby represent, acknowledge, and agree to and with the Training Program conducted by Carlos Rodriguez, as follows:

1. I have consulted with my physician with respect to my participation in the Training Program conducted by Carlos Rodriguez, and s/he has informed me of the risk (if any) in my participation, and I have obtained his/her permission to participate in the Program.
2. I agree to limit my participation in the program to only that level of activity which is comfortable to me in my physical condition at that time.
3. I indemnify and hold harmless, Carlos Rodriguez to any and all claims, and I release and discharge, for myself and unborn child, heirs, executors, administrators, and assigns, the Carlos Rodriguez from any and all actions, causes of actions, claims, demands, damages, cost, loss, expenses, compensations, consequential damages, and court cost, legal fees and judgments on account of or in any way arising out of, and all known and unknown personal injuries to me or to my unborn child, which may result from my participation in the Carlos Rodriguez.
4. I acknowledge that I am solely responsible for any loss of or damages to any personal property that I bring with me to the Program.
5. I acknowledge that I am solely responsible for my own medical expense and for any and all medical expenses incurred on my behalf.
6. I understand that it is a condition of my acceptance into the Program that I execute this Waiver and Release of Liability.

I hereby certify that I am at least 18 years of age, and that I have read this document carefully, understand each term and provision in its entirety, have agreed to the terms freely and voluntarily. Having read the foregoing, I knowingly acknowledge my understanding of the risk set forth herein and knowingly agree to accept full responsibility for my own exposure to such risk.

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| **Signed this** | **day of** | **,** |

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| **Print participant name:** |

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| --- |
| **Participant Signature** |