



Agreement and Release of Liability (Ben-a-fit Boot Camp)

Print Name: _____
Address: _____
City, State Zip _____
Phone Number: _____
Email Address: _____
Emergency Contact: _____
Emergency Phone: _____

1. In consideration of being allowed to participate in a boot camp style training program, and use of equipment either outdoors or the Ben-a-fit personal training studio, in addition to the payment of any charge, I do hereby forever waive, release and discharge my trainer from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by neglect act, or unsafe conditions.

Please Initial _____

2. I have been informed of, understand and aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and aware that strenuous fitness activities and using of equipment with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

Please Initial _____

3. I do hereby further declare myself to be physically sound and suffering from no condition impairment, disease, or illnesses that would prevent my participation in these activities or use of equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of equipment. I also acknowledge that it has been recommended that I have yearly or more frequent examinations and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in activities, programs and use of equipment.

Please Initial _____

4. I am aware that I am not required to do anything. My trainer's job is to encourage me. I do hereby acknowledge that I have the option of not participating in anything that I am not comfortable with.

Please Initial _____

5. Policy- There is no refund on training sessions, unless trainer is not able to fulfill agreement. Five and Ten week programs are paid up front.

Please Initial _____

Client's Signature: _____ **Date:** _____