



New Client Waiver Form

Name: _____

Cell phone: _____

Email: _____

Emergency Contact: _____ Phone #: _____

ASSUMPTION OF RISK, WAIVER and RELEASE

Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical activity or training activities, you do so at your own risk. You acknowledge that some of these risks cannot be eliminated regardless of the care taken to avoid injuries. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness or death. We are also not responsible for any loss of your personal property.

If in the subjective opinion of the Free 2 Be Fitness trainer, you would be at physical risk participating in training and classes, you understand and agree that you may be denied access to the training, classes and facilities until you furnish Free 2 Be Fitness with an opinion letter from your medical doctor, at your sole cost and expense, specifically addressing Free 2 Be Fitness's concerns and stating that Free 2 Be Fitness's concerns are unfounded. In consideration of being allowed to participate in Training and access the Classes and Facilities provided by Free 2 Be Fitness, in addition to the payment of any fee or charge, you hereby (1) agree to assume full responsibility for any and all injuries or damage which are sustained or aggravated by you in relation to the Training, Classes and Facilities, (2) release, indemnify and hold harmless Free 2 Be Fitness, agents, members, employees, representatives, from any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to the fullest extent allowed by law arising out of or in any way related to participation in the training, classes or use of the facilities, and (3) represent that you (a) have no medical or physical condition which would prevent you from properly using any of Free 2 Be Fitness's training, classes and facilities, (b) do not have a physical or mental condition that would put you in any physical or medical danger, and (c) have not been instructed by a physician to not participate in physical exercise. You acknowledge that if you have any chronic disabilities or conditions, you are at risk in training with Free 2 Be Fitness and should not be participating in any training or classes.

You have read this Assumption of Risk, Waiver and Release Agreement, fully understand its terms, and understand that you are giving up substantial rights including your right to sue Free 2 Be Fitness under certain circumstances. You acknowledge that you are signing this waiver freely and voluntarily. The term of this waiver is indefinite.

PHOTO AND FILM CONSENT:

By signing below, you permit Free 2 Be Fitness to use any photo or film footage of you while engaged in the activity for promotional use.

NEW CLIENT SIGNATURE: _____ DATE: _____