

Race Ready Endurance Training Waiver

Waiver, Release, and Assumption of Risk Agreement

IMPORTANT: Please read carefully, and acknowledge your agreement to comply with the terms and policies by initialing each where indicated so that we can be sure you have been provided with and understand this information.

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.

Waiver, Informed Consent, and Covenant Not to Sue.

I have volunteered to participate in a program of physical exercise under the direction of "Body Balance by Ben & Generation Fitness", which will include, but may not be limited to, weight and/or resistance training, long distance running, obstacles, body weight movements etc. In consideration of the Body Balance by Ben & Generation Fitness agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless the Body Balance by Ben & Generation Fitness, instructors, personal trainers, 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 AND (3) OUR 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 my physician must be obtained prior to involvement in this exercise program.

_____ 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 AGREEMENT TO THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST Body Balance by Ben Boot Camp FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Client Name (PRINT) _____

Client Signature _____

Parent/Guardian Signature (under 18 years) _____

Date _____

Email _____ Phone# _____