



Liability Release

Participant: _____

1. In consideration of being allowed to participate in the exercises and activities of Framework Personal Training and the use of its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Framework Personal Training and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injury or damage resulting from my participation but not limited to the testing protocols, exercises, activities, and use of facilities, equipment and machinery of Framework Personal Training. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself incurred or connection with my participation, including those caused by the negligent actor or omission or connection with my participation in any activities of Framework Personal Training or the use of any equipment at Framework Personal Training. (Please Initial _____)

2. I understand and am aware that cardiovascular endurance, muscular strength and endurance, and flexibility testing, training and exercise, including the equipment and machinery are potential hazardous activities. I also understand that these exercise and fitness activities have inherent risks of injury and even death, and that I am voluntarily participating in these activities and using the fitness machinery and equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please Initial _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness which would compromise my safe participation in the testing protocols or the use of equipment and machinery of Framework Personal Training. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in exercise and fitness activities or in the use of exercise equipment or machinery. I hereby acknowledge that the information I have provided in my personal health history questionnaire and during pre-screening interviews, risk stratification contraindication guidelines is true complete to the best of my knowledge. I hereby further acknowledge that I have been given my physician's permission to participate in the exercise and fitness activities of Framework Personal Training and use the equipment and machinery in these activities without the approval of my physician and do hereby assume all responsibility for my participation in activities and utilization of equipment and machinery. (Please Initial _____)

Signature of Participant

Date

Signature of Authorized Fitness Professional

Date