

Waiver, Release, and Assumption of Risk Form

	volunteered to participate in a fitness program provided to me by
cardiovascular exercise. In consideration of Trainer's ag and discharge and hereby hold harmless Trainer and his any and all claims, demands, damages, rights of action of with my participation in this or any exercise program in THIS WAIVER AND RELEASE OF LIABILITY INC OCCUR AS A RESULT OF (1) EQUIPMENT BELON	LUDES, WITHOUT LIMITATION, INJURIES WHICH MAY
I,, have b	een informed of, understand and am aware that any exercise
informed of, understand and am aware that any exercise changes in blood pressure, fainting, and a remote risk of voluntarily participating in these activities and using eq	quipment, is a potentially hazardous activity. I also have been and/or fitness activities involve a risk of injury, as well as abnormal f heart attack, stroke, other serious disability or death, and that I am uipment and machinery with full knowledge, understanding and expressly assume and accept any and all risks of injury, regardless of
exercise program, or initiating a substantial change in the, have chosen not to	obtain a physician's consent prior to beginning this fitness program
with Trainer, I hereby agree that I am doing so solely at the risks associated with any and all fitness related activ	my own risk. In any event, I acknowledge and agree that I assume rities and/or exercises in which I participate.
UNDERSTAND THAT IT IS A RELEASE OF LIABII RIGHT I OR MY SUCCESSORS MIGHT HAVE TO I	READ THIS FORM IN ITS ENTIRETY AND FULLY LITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.
	ins the risks you are assuming by beginning an exercise stand this document completely. If you do not understand any ity to ask for clarification prior to signing it.
	Participant's signature Date
	Please print name
in conjunction with other images and video f Allcore PT Rentals, emPOWERed performance	age taken of myself, in whole or in part, individually or footage, to be displayed on the Markville Fitness, e, and other official channels, and to be used for ntations and marketing campaigns. I also authorize the emPOWERed performance.
	which I may have in connection with such use of my itten copy that may be created in connection with rewith.
Name (Please Print):Signature:	
Date:	