



## Waiver, Release and Assumption of Risk

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. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

## Waiver, Informed consent and covenant not to sue

I, \_\_\_\_\_, have volunteered to participate in a program of physical exercise under the direction of TripleFitPlus, which will include, but may not be limited to, weight and/or resistance training. In consideration of TripleFitPlus agreement to instruct, assist and train me, I do here and forever release and discharge and hereby hold harmless TripleFitPlus and their employees from any and all claims.

## 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. I understand that as a result of my participation in an exercise program, I could suffer an injury.

I have had the opportunity to ask questions. Any questions which I have asked have been answered to my complete satisfaction. I subjectively understand the risk of my participation in this activity and knowing and appreciating these risks I voluntarily choose to participate.

I recognized that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I, \_\_\_\_\_, have chosen not to obtain a physician's permission prior to beginning this exercise program with TripleFitPlus, I hereby agree that I am doing so at my own risk.

I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document, I am waiving any right I or my successors might have to bring a legal action or assert a claim against TripleFitPlus for your negligence or that of your employees.

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

e-Mail adress: \_\_\_\_\_

Signature: