



## Waiver and Release of Liability

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone# \_\_\_\_\_

This person is my: (parent, friend, spouse, etc.): \_\_\_\_\_.

### WAIVER AND RELEASE OF LIABILITY

**Forward Motion Personal Training  
1727 Woodvista Place  
Round Rock, Texas 78665**

**EXPRESS ASSUMPTION OF RISK:** I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to, injury resulting from falls, improper use of equipment, or negligence on the part of myself or others in the training location. I am aware that any of these risks may result in serious injury.

**Initials:** \_\_\_\_\_

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury that may result from my participation in any activity with Forward Motion Personal Training. I have no knowledge of any personal physical impairments or illnesses that will endanger myself or others.

**Initials:** \_\_\_\_\_

### **EXERCISE MAY BE STRENUOUS. SEE A DOCTOR BEFORE STARTING ANY EXERCISE PROGRAM.**

I understand that the activities I will be engaging in at Forward Motion Personal Training may involve strenuous physical activity and that a medical check-up with my physician is advisable before participating in any fitness program. I further understand that neither the owners nor employees of Forward Motion Personal Training are medical doctors. I recognize, appreciate and understand the dangers of physical stress, strain or injury (including but not limited to, cardiac arrest, stroke, changes in blood pressure, muscle strains, sprains and ligament and/or tendon damage and other physical problems that may arise) that may result from any activity that requires physical exertion, and I accept these risks.

**Initials:** \_\_\_\_\_

**RELEASE:** Considering the aforementioned risks, I am willingly and voluntarily participating in the activities available at Forward Motion Personal Training. I release Forward Motion Personal Training, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in these activities, including those allegedly attributed to the negligent acts or omissions of the above-mentioned parties.

**Initials:** \_\_\_\_\_

**NOTICE TO PARENT SIGNING FOR CHILD REGARDING FIRST AID:** If I am signing on behalf of a minor child, I also give full permission for any person connected with Forward Motion Personal Training to administer first aid deemed necessary by them, and in case of serious illness or injury, I give permission to call for medical care for the child.

**Initials:** \_\_\_\_\_

**INDEMNIFICATION:** I accept financial responsibility for any injury that I may cause either to myself or to any other person or property. Should Forward Motion Personal Training, its employees, owners, principals, officers, agents, volunteers, interns or representatives be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs and further agree to indemnify and hold harmless Forward Motion Personal Training, their employees, owners, principals, officers, agents, volunteers, interns or representatives from liability for the injury of any person(s) and any damage to property that may result from my negligent or intentional act(s) or omission(s) while participating in activities offered by Forward Motion Personal Training.

**Initials:** \_\_\_\_\_

**I have read and understood the foregoing assumption of risk and release of liability, and I understand that by signing this document, I am obligated to indemnify the parties named for any liability injury or property damage caused by my own negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.**

**Signature of Participant/Undersigned:**

\_\_\_\_\_

Print Name: \_\_\_\_\_

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

**If Participant is under the age of 18:**

**Signature of Parent or Guardian:** Date: (Parent/Guardian)

\_\_\_\_\_

Print Name: \_\_\_\_\_

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

**Signature of Witness:**

\_\_\_\_\_

Print Name: \_\_\_\_\_

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