

BASIC FITNESS PT Client Waiver and Release Form

BASIC FITNESS PT *urges all members to obtain a physical examination from a doctor before engaging in any exercise program.*

If I have any physical limitations, these should be indicated or made known to Basic Fitness PT, prior to a exercise/training session. I understand that the practitioners (performance trainer) at Basic Fitness PT are not licensed medical professionals and that sessions are meant to be educational in content. I further understand that none of the information conveyed in a session is meant to be taken as a diagnosis and that I should see a physician for any medical condition.

I (Buyer, Member, Parent, Spouse, or Guest, as applicable) agree that if I engage in any physical exercise or activity or use any facility on a club's premises or off-site, I do so at my own risk. This includes, without limitation, my use of the equipment, locker room, showers, sauna, steam room, parking area, or sidewalk and my participation in any activity, class, program or instruction now or in the future made available. I agree that I am voluntarily participating in these activities and using the equipment and facilities and assuming all risk of injury or my contraction of any illness or medical condition that might result there from, or any damage, loss or theft of any personal property. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge us (and our affiliates, employees, agents representatives, successors and assigns) from any and all claims or causes of action arising out of our negligence. This Waiver and Release of all liability includes, without limitation, injuries which may occur as a result of (a) my use of any facility or its improper maintenance, (b) my use of any exercise equipment which may malfunction or break, (c) our negligent instruction or supervision, and (d) my slipping and falling while in any club or on the surrounding premises.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY, IN ADDITION, I DO HEREBY WAIVE ANY RIGHT THAT I MAY HAVE, BY OR ON BEHALF OF MYSELF, MY SPOUSE OR ANY CHILD (MINOR OR OTHERWISE), TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST US FOR NEGLIGENCE OR ARISING OUT OF OR RELATING TO PARTICIPATION BY MYSELF, MY SPOUSE OR CHILD IN ANY OF THE ACTIVITIES, OR USE OF THE EQUIPMENT, FACILITIES OR SERVICES BASIC FITNESS PT PROVIDES AS DESCRIBED IN THIS PARAGRAPH, OR ON ACCOUNT OF ANY ILLNESS OR ACCIDENT, OR DAMAGE TO OR LOSS OF MY PERSONAL PROPERTY.

I understand that information given to Employees at Basic Fitness PT is confidential. I understand that Basic Fitness PT does keep records of assessments, program design, objectives, and communication between staff members. I understand that Basic Fitness PT does not accept insurance.

Initials

I understand that I must give Basic Fitness PT **at least 24 hours notice** to change or cancel my appointments. I understand that late cancellations and missed appointments will be charged at the full rate to my account. In order to maintain my agreed upon time slot, I must keep **at least 70% occupancy** of my appointments each month.

Initials

All participants MUST complete the following:

Print Participants Name

Under 18, check if yes

Signature

Date

If participating client is under the age of 18, a parent or guardian must give signature for the parent release