

I, _____, through the purchase of training sessions, have agreed to voluntarily participate in an exercise program, including, but not limited to, strength training, flexibility development, and aerobic exercise, under the guidance of Cathy Connor, Personal Trainer. I hereby stipulate and agree that I am physically and mentally sound and currently have no physical conditions that would be aggravated by my involvement in an exercise program. I have provided verification from a licensed physician that I am able to undertake a general fitness-training program if I am currently being treated for any condition that would limit physical activity or have been evaluated or treated for such within the last year.

I understand and am aware that physical-fitness activities, including the use of equipment, are potentially hazardous activities. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I am aware that potential risks associated with these types of activities include, but are not limited to: death, fainting, disorders in heartbeat, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being.

Because of these dangers of participating, I recognize the importance of following the personal trainer's instructions regarding proper techniques and training, as well as other organization rules and agree to follow the verbal instructions provided by the trainer.

I hereby consent to first aid, emergency medical care, and admission to an accredited hospital or an emergency care center when necessary to executing such care and for treatment of injuries that I may sustain while participating in a fitness-training program.

I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Cathy Connor, Personal Trainer. I will assume any additional expenses incurred that go beyond my health coverage. I will notify Cathy Connor of any significant injury that requires medical attention (emergency care, hospitalization, etc.), or other change in medical condition that may affect my ability to participate in an exercise program.

The Federal Fitness Center will provide the equipment to be used in connection with workouts, including, but not limited to, benches, dumbbells, barbells, bands, balls, bosu balls, and similar items, as well as, as aerobic and strength training machines. I acknowledge that although the Federal Fitness

Initial: _____

Center takes precautions to maintain their equipment, any equipment may malfunction and/or cause injuries. I take sole responsibility to inspect any and all equipment prior to use.

Although Cathy Connor, Personal Trainer, will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all injuries that may occur. In consideration of the acceptance of this entry, I, for myself and for my executors, administrators, and assigns, waive and release any and all claims against Cathy Connor, Personal Trainer, or assigns and agree to hold her harmless from any claims or losses, including but not limited to claims for negligence for any injuries or expenses that I may incur while exercising or while traveling to and from training sessions. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with Cathy Connor.

Cancellation Policy: Please provide as much time as you can if you need to cancel or reschedule your session. Fees will not be charged if more than 24 hour notice is provided. However, if less than 24 hour notice of cancellation is provided please note that your full fee is due.

I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress.

HAVING READ THE ABOVE TERMS AND INTENDING TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF Cathy Connor, I HEREBY AFFIX MY SIGNATURE HERETO.

Client's name (please print clearly): _____ Tel #: _____

Client's signature: _____ Date: _____

Client's address: _____

Parent/Guardian signature (if applicable-client under 18): _____

Emergency Contact: _____ Contact Tel #: _____

Insurance Company: _____

Policy #: _____ Effective Date: _____

Name of Policy Holder: _____

Trainer's signature: _____

Initial: _____