

Informed Consent / Liability Waiver

I, _____, have enrolled in a program of strenuous physical activity including but not limited to cardiovascular and resistance training, by **Rob Friedt Personal Fitness Ltd.** (hereinafter "the Trainer"). I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

CONSENT

I have been informed, understand, and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also have been informed, understand, and am aware that fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment with full knowledge, understanding, and appreciations of the dangers involved.

I accept full responsibility for my health and well being in this voluntary exercise and fitness program. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, it is my responsibility to immediately stop the activity and inform the Trainer.

WAIVER

I, for myself, my heirs, executors, administrators and assignees release the Trainer its respective servants, agents or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequences of any loss, injury or damage to my person or property incurred while attending or participating in a session notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of the Trainer, its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse which I may now or hereafter have resulting from any decision of the organization.

INDEMNIFICATION

I, _____, [parent/guardian of _____] agree to indemnify the Trainer, its servants, agents or employees from any claims or demands which might be made against the Trainer arising out of or in consequence of the attendance or participation by _____ in a session.

EMERGENCY CONTACT

Name: _____

Phone: _____

By signing this form, I acknowledge that I have read this document in its entirety and understand the above.

Signature

Date

Signature of parent/guardian if under 18 years

Date

Witness

Date