

Agreement and Release of Liability

It is strongly recommended that all participants in a personal training program consult with their physician prior to participation.

In consideration of being allowed to participate in the exercise program designed by Shannon R. GaNun, I do hereby waive, release, and forever discharge Shannon R. GaNun from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or use of equipment and machinery. I do also hereby release Shannon R. GaNun, and any others acting upon her behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned. (Please initial _____.)

I also understand that cardiovascular exercise, weight lifting, and flexibility, including the use of equipment and machinery, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____.)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery in any of the activities designed by Shannon R. GaNun. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities.

I have had an opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risk of my participation in any of the above mentioned activities.

Notes of questions and answers.

This is, as stated, a true and accurate record of what was asked and answered.

Client name

Signature

Address

Home phone number

Work phone number

Email address

Date