

Potentiate Fitness Liability Waiver and Release Form



Personal Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

Health and Fitness Disclaimer

I, the undersigned, hereby agree and acknowledge the following:

- 1. Physical Activity Involves Risk:** I understand that participating in physical exercise and/or training carries inherent risks of injury, illness, or even death. I acknowledge that I am voluntarily participating in Potentiate Fitness sessions with full awareness of these risks.
- 2. Medical Clearance:** I affirm that I have answered all medical questions truthfully on the Medical Questionnaire Form and understand that I should consult with a healthcare provider prior to beginning any physical activity if I have any concerns regarding my health or fitness level.
- 3. Voluntary Participation:** I confirm that I am participating in Potentiate Fitness training sessions voluntarily and that I am physically and mentally capable of engaging in the exercise programs provided by Potentiate Fitness.

Assumption of Risk and Release of Liability

I, for myself, my heirs, executors, and administrators, hereby release and discharge Potentiate Fitness (and its employees, agents, and affiliates), from any and all claims, demands, causes of action, or lawsuits of any kind, including but not limited to injury, loss, or damage to my person or property, arising out of or in any way related to my participation in Potentiate Fitness training sessions, whether or not caused by the negligence of Potentiate Fitness or any of its representatives.

This release of liability applies to all claims for personal injury, property damage, or any other damages arising out of or related to the training sessions or any other activities undertaken in connection with Potentiate Fitness.

Acknowledgment and Consent

By signing this agreement, I acknowledge that:

1. I have read, understood, and voluntarily accept the terms of this waiver and release.
2. I am aware of the risks involved in engaging in exercise, including the risk of injury, and I am willing to assume these risks.
3. I understand that Potentiate Fitness is not a medical provider and cannot diagnose, treat, or recommend treatment for any medical conditions.
4. I am aware that if I experience any discomfort, pain, or injury during any training session, I will immediately stop the activity and inform the trainer.

Indemnification Clause

I agree to indemnify and hold harmless Potentiate Fitness and its agents, employees, or contractors from any claims, demands, actions, suits, damages, or other liabilities, including legal fees, arising out of or resulting from my participation in Potentiate Fitness sessions. _____

Media Release

I grant Potentiate Fitness permission to use any photographs, videos, or other media taken during training sessions for promotional or educational purposes, unless I have provided written notice declining such use.

Consent to Emergency Treatment

In case of injury or medical emergency during training sessions, I consent to receiving necessary medical treatment, including emergency medical care and transportation, if required. I understand that I am responsible for all costs related to emergency care and treatment.

Acknowledgment of Terms

By signing below, I confirm that I have read and understand the content of this Liability Waiver and Release Form. I acknowledge that my participation in Potentiate Fitness training sessions is voluntary and at my own risk. I further acknowledge that I am signing this waiver and release of liability of my own free will, with full understanding of its legal consequences.

Signature: _____

Date: _____

Trainer's Signature: _____

Date: _____