

FITNESS CLASS WAIVER FORM

NAME: _____

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ADDRESS: _____

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CITY: _____ STATE: _____ ZIP CODE _____

PHONE: _____ EMAIL: _____

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EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

WAIVER

For valuable consideration, the undersigned, for himself/herself or themselves, and their heirs and assigns, agree to forever RELEASE, WAIVE THE LIABILITY OF, COVENANT NOT TO SUE, and HOLD HARMLESS Sam Duthoy and the owner and/or lessor of any facility at which he conducts his physical fitness training sessions ("Facility") from any and all claims or damages for personal injury, death, property damage, costs, and/or expenses sustained or incurred by the undersigned, my/our child or children, arising out of or in any way related to participation in voluntary fitness training, sports and/or social activity, or while in or upon the premises where the activity is being conducted, regardless whether the claim, injury, death, and/or damage was caused, in whole or in part, by the negligent act(s) or omission(s) of Sam Duthoy and/or the Facility, their employees, volunteers, agents, and supervising personnel.

PRINTED NAME

SIGNATURE

DATE