



Live Well Personal Training & Fitness
livewellpt90@gmail.com
www.WeCanLiveWell.com
512-663-7040

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Medical/Health: Do you have any of the following?

Heart Problems	Y or N	Asthma	Y or N	Arthritis	Y or N
Existing Injuries	Y or N	Chest Pains	Y or N	Currently pregnant?	Y or N
High Blood Pressure	Y or N	Back Pains	Y or N	Do you smoke?	Y or N

If yes to any of the above, please explain:

Are you taking any medications: Y or N Please list: _____

Recent surgeries w/in the last six months: _____

What is your current exercise level: (Please circle) Beginner Occasional Seasoned

Emergency Contact Name & Phone: _____

ASSUMPTION OF RISK/RELEASE OF LIABILITY/INDEMNIFICATION AGREEMENT:

I do hereby waive, release in full and forever discharge Live Well Personal Training & Fitness and its officers, agents, employees, contractors, representatives, executors, and all others, whether acting within the scope of their employment or otherwise, on behalf of myself, my heirs, executors, assigns, administrators or personal representatives from any and all claims, responsibilities, or liability from injury or damages resulting from my participation in any activities, or my use of equipment in the activities. I do also hereby release all of those mentioned, and any others acting upon their 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 or others acting on their behalf, or in any way arising out of or connected with my participation in any activities, programs, or services of Live Well Personal Training & Fitness or the use of any equipment at various sites, including my home, provided by and/or recommended by Live Well Personal Training & Fitness.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. 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 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. I do hereby acknowledge the need for a physician's approval for participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in exercise/fitness activities 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 acknowledge that I have given my authorization to receive medical attention in case of injury or an emergency. I understand that I may bring my own exercise equipment at my own risk.

Waiver of Release for Communicable Diseases:

In consideration of being allowed to participate on behalf of Live Well Fitness & Personal Training exercise program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Live Well Fitness & Personal Training, their officers, officials, agents, contractors, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I acknowledge and give my permission to Live Well Personal Training and Fitness to use photographs to promote its Fitness Programs. I understand that classes are subject to change without notice, but every effort will be expended to notify participant. I understand that payments are due on the 1st of each month. Registration is on-going and pro-rated invoices are available. I understand that there are no refunds or transfers. I certify that I have the legal authority to execute this release on behalf of myself. I also certify that I have received and read this registration from completely.

I, the undersigned, certify that I am 18 years or above and participating in the Fitness Program. I understand that falsification of any information on this form may disqualify me from this program.

Signature of Participant

Date