

POWER HOUSE FITNESS STUDIOS,LLC
(DBA-KIM'S POWER FITNESS
Nutrition, & Health Specialization)
Release and Waiver of Liability

Name _____ Phone Number _____
Address _____ City _____ Zip _____
Email Address _____ D.O.B _____

(The above listed individual is hereinafter referred to as "Client" and Power House Fitness Studios,LLC-(DBA Kim's Power Fitness) is hereinafter referred to as "Trainer and or PHFS")

PHFS takes every precaution and safety measure to keep participants in all classes safe. However, as with all types of fitness activity, there is a possibility of injury.

The Client hereby represents that he/she is physically fit to undertake the prescribed course of instruction in whichever class is selected. I, the client, have volunteered to participate in a fitness program provided to me by "Trainer", PHFS, which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Trainer, PHFS, agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer, PHFS and her respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, the client have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed.

I, the client, have chosen not to obtain a physician's consent prior to beginning this fitness program with PHFS, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT MY SUCCESSORS OR I MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST Power House Fitness,LLC, Kims Power Fitness, ("TRAINER") FOR NEGLIGENCE.

_____/_____/_____
Participant's Signature Date

_____(_____)_____
Please Print Name (Phone #)