

FAMILY FIT



The Art of Healthy Living

WAIVER AND RELEASE FROM LIABILITY

- I understand that my Family Fit exercise specialist is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise.
- I acknowledge and agree that no warranties or representation have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.
- I agree that all exercise, treatment and all use of the equipment and facilities shall be undertaken at my own risk, that I am in good physical condition and if I have history of heart disease, I will consult a physician before continuing.
- I understand that an examination by a physician should be obtained prior to involvement in an exercise program.
- If I have chosen not to obtain a physician's permission prior to beginning this exercise program, I hereby agree that I am doing so at my own risk.
- I agree to completing initial and ongoing Fitness Tests to assist with the development of an individualised and/or group exercise program which may contain such tests as resting measures of heart rate, blood pressure, girth measurements, skin-folds, body fat %, strength, muscular endurance, cardio-respiratory, flexibility, balance, agility, speed and power tests.
- I agree that all homework to assist with my goals will be my full responsibility and I undertake those activities knowing the risks.
- I volunteer to participate in a program of physical exercise under the direction of Family Fit, which will include, but may not be limited to, weight and /or resistance training, cardiovascular training, core strength training, balance and flexibility.
- In consideration of Family Fit's agreement to test, instruct, assist and train me, I do here and forever release and discharge and hereby hold harmless Robyn Suttor of Family Fit and her heirs, agents, assigns, contractors 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.
- I understand that this agreement is legally binding whether my use of the facility and services is determined and paid on a pay as I go, casual, weekly, monthly or yearly basis.
- I certify that I understand the foregoing questions and my answers are true and complete. I also understand that this information is being provided as part of my initial consultation and is private and confidential.

I have read the above and agree to the terms and conditions and understand the above information.

IN WITNESS WHEREOF, Client and Trainer have caused this Agreement to be executed on the day and year as written.

_____ Date (day, month, year)

By _____

Trainer's Signature

Robyn Suttor – Fitness Specialist, Personal Trainer [FN 2006 / 19339](#)

By _____

Client (print name) / Client's Signature