

SALUBRITY

PERSONAL TRAINING

I hereby affirm I am in good state of health and capable of participating in the fitness activities for which this assumption of risk is prepared. I am aware of all inherent dangers in exercise participation. I also acknowledge and fully understand I will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from my own actions, inaction, or negligence, but action, inaction or negligence of others, or the condition of the premises on or off site or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants not to sue and/or otherwise indemnify Salubrity, the instructors, managers, employees and members, including the owners and lessees of premises used to conduct the activity. Salubrity and any individuals associated are not responsible for the condition of workout areas. I understand that it is my responsibility to consult my GP to determine my fitness to participate.

Participants Name:

Signature:

Signature of parent or guardian (for minors, 16 years or under) if applicable:

Relationship to minor, if applicable:

Date:

Trainer's Name: Nick Mitchell

Trainer's Signature:

Date: