m&mXtreme Fitness

Informed consent- Release of Liability

Please read carefully*

(name of participant), in consideration of being allowed to paricipate in the m&mXtreme personal trainings and use of facilities, I do forever waive, release, and discharge m&mXtreme and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by negligent acts or omission of any of those mentioned or others acting on their behalf arising out of or connected with my participation in this activity, and I hereby agree to submit any and all claims to binding arbitration and abide by the judgement of that arbitration.
(Please initial)
I fully understand that I may injure myself as a result of my participation in this activity and forever waive relase and discharge m&mXteme and all others acting on their behalf from any liability now or in the futue, including but not limited to muscle or ligament tears, strains, pulls, broken bones, dislocations, joint problems, shin splints, heat exhaustion, knee, back, hip, or foot injuries, as well as the potential for heart attack, paralysis or death, however caused, occuring during or after my participation in trainings, bootcamps, exercise classes and subscribed workout programs.
(Please initial)
I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this activity. I understand that a medical examination to assure my physical fitness is desirable and obtaining such examination is my own responsibility. I acknowledge that I have had a physical examination and have been given my physician's permission to participate in this activity or I have decided to participate in this activity without the approval of my physician and do assume all responsibility for my participation in this activity. I fully understand that I am forever giving up, in advance, any right to sue or make claim against the parties I am releasing, if I suffer any injuries or damages, even though I do not know what or how extensive those injuries or damages might be. I am voluntarily assuming the risk of those injuries or damages.
_(Please initial)

Additionally, I declare and understand role of nutritionist not a registered dieti for competition preparation and any ot directed to seek advice from his/her d post competition or training.	ician. Their knowle her goals of clients	edge and meal pla s or competitors a	anning advice a nd they are
(Please initial)			
I understand that m&mXtreme Training maintaining a fitness class, bootcamp, activities does not constitute an ackno physiological well-being or a medical of	, personal training, wledgment, repres	and other bodyble entation, or indica	iliding related
(Please initial)			
In signing this release, I acknowledge liability form, understand it and sign it under any physical or emtional duress and fully competent. In case of emergency medical assistance and ar medical services.	voluntarily as my o s to sign it. I am at gency. I agree to al	own free act and c least eighteen (1 llow the above pa	leed and am no 8) years of age rties to call for
(Please initial)			
(Please Illitial)			
Print Name		· · · · · · · · · · · · · · · · · · ·	•
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Signature	·	Date	· · · · · · · · · · · · · · · · · · ·
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Emergency Contact		<u> </u>	·
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