



Name: _____

Tel No.: _____

Email: _____

Release of Liability Agreement

In consideration of participating in the activities, programs and services provided by Taylor'd Bodies Health & Lifestyle Services Inc., including but not limited to cardiovascular training programs, weight and strength training programs, aerobic circuit training programs, core training programs, sport specific training programs, total body assessment, composition and fitness testing, nutritional assessment and counselling and group support sessions and to use the training facilities, fitness, weight, strength, cardio and aerobic-conditioning equipment and machinery in the offices and studios of Taylor'd Bodies Health & Lifestyle Services Inc. or any gym or training facility, including client's home, in addition to payment of any fee or charge, I _____ (name of client), for myself, my heirs and assigns, do hereby waive, release and forever discharge Taylor'd Bodies Health & Lifestyle Services Inc. and all its officers, agents, employees, representatives, executors, and all others from any and all claims, demands, causes of action, responsibilities or liability from injury or damages resulting from my participation in any activities or my use of equipment and machinery in the above mentioned activities, programs and services.

I _____ (name of client) do also hereby release all of those mentioned and any others actions upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by 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 provided by Taylor'd Bodies Health & Lifestyle Services Inc. or the use of any equipment in the offices and studios of Taylor'd Bodies Health & Lifestyle Services Inc., or any gym or training facility, including client's home.

I _____ (name of client) fully understand and am aware that weight, strength and endurance training, cardiovascular training, flexibility and stretching exercises, circuit training, core training and sport specific training, including the use of equipment and machinery, are potentially dangerous activities and that I may injure myself as a result of my participation in such activities. I also understand that fitness exercises and activities involve risk of injury, even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and release Taylor'd Bodies Health & Lifestyle Services Inc. from all liability, now or at any time in the future, including but not limited to heart attacks, muscle strains, pulls and tears, broken bones, shin splints, heat prostration, knee, lower back and foot injuries, carpal tunnel syndrome, and any other illness, soreness or injury, however caused, occurring during or after my participation in any of the aforementioned activities, programs or services.

I _____ (name of client) hereby further declare myself to be physically sound, in good physical condition and suffering no condition, impairment, disease, infirmity or other illness that would prevent my participation in any activities or use of any equipment and machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a medical physician's approval for my participation in any fitness exercises and activities or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with a medical physician as to physical activity, exercise, nutritional assessment and counselling and use of exercise and training equipment and machinery so that I might have his/her recommendations concerning these fitness exercises and activities and equipment/machinery use. I acknowledge that I have either had a physical examination and have been given a medical physician's

permission and clearance to participate or that I have decided to participate in fitness exercises and activities and use fitness equipment and machinery without the approval and clearance of a medical physician and do hereby assume all responsibility for my participation in fitness exercises and activities and utilization of fitness equipment and machinery during my activities.

It is my, _____'s (name of client) understanding and I have been clearly advised that it is my right to request that any training program that I am participating in, including but not limited to cardiovascular, weight, strength, core, circuit, aerobic-conditioning, use of fitness equipment and machinery, be stopped at any point if I feel unusual discomfort, fatigue and/or pain. I have been advised that I should immediately upon experiencing such symptoms stop the activity, or if I so choose, inform the trainer that I wish to stop the activity at that or any other point. My stated wishes in this regard shall be carried out as requested.

I, _____ (name of client) have been informed that during an exercise activity, for exercise correction and positioning, physical contact is sometimes necessary. Should touching for correction purposes during any session be required, employee of Taylor'd Bodies Health & Lifestyle Services Inc. will advise before I will be touched and the purpose of the touching and if this makes me uncomfortable or if I feel it to be inappropriate, I am to advise and I will not be touched and/or it will stop immediately.

Client's Signature

Witness Signature

Date

Taylor'd Bodies' staff - print name

Signature