



FITNESS AGREEMENT

Print Name: _____

Home _____ Cell: _____

Email: _____ @ _____

THIS AGREEMENT is made and entered into effective _____, 2009. Waiver of Liability effective indefinitely, by and between JERI LYNN SUNOK, and/or Fitness Intuitive™, and/or FITNESS CONTRACTOR (hereinafter referred to as "FI"), and

_____ (Hereinafter referred to as "CLIENT") who agrees on the following terms and conditions:

1. ASSUMPTION OF RISK

I, CLIENT, understand and are aware that strength, flexibility, and aerobic exercise, including the use of equipment, is potentially hazardous activity. I also understand that fitness activities involve a risk of injury, soreness, other illness and even death, and that I am voluntarily participating in these activities, physical contact sparring and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept all risks of injury, soreness, other illness or death.

2. PHYSICAL AND DIETARY ASSESSMENT

I, CLIENT, acknowledge that FI have made no claims of representations as to medical results. FI encourage CLIENT to consult his/her physician before beginning an exercise program or alternating his/her dietary regimen, including supplements. CLIENT must inform trainer of any and all medical or health conditions. All and any exercise and/or diet statements, articles or papers given to CLIENT are intended only as a general guide. Information provided is not intended to be interpreted as indisputable scientific data.

3. WAIVER OF LIABILITY

I, CLIENT, hereby waive, release, and now or in the future discharge, representatives or executors, and all others from any and all claims, demands, responsibilities or liability from injuries or damages resulting from my participation in any activities, physical contact sparring or use of equipment or machinery, including that negligent act or omission or connected with my participation in FI exercise program. I now and in the future discharge FI and all others from any and all claims, demands, or actions arising out of exercise suggested; accomplished at home, clubs, gyms (with or without proper supervision).

4. FITNESS CONDITION ACKNOWLEDGMENT

I, CLIENT, hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or illness that would prevent my participation or use of equipment, machinery, stretches or massage. CLIENT is informed of the need for a physician's approval to participate in the FI exercise program including future participation. I have either had a physical examination and have been given my physician's permission to participate, or I decided to participate in activity without my physician's approval.

THIS IS A CONTRACT AFFECTING YOUR LEGAL RIGHTS. READ IT COMPLETELY. I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

Sign: _____ Date: ____/____/____ Print Name: _____

Address/City /Zip: _____ / _____ / _____

Birthday: _____ Anniversary: _____

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