



## CONTRACT AND WAIVER FORM

Client Name \_\_\_\_\_

### **Waiver**

I ACKNOWLEDGE THAT PERSONAL TRAINING IS AN EXTREME TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND CARRIES WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY AND PROPERTY LOSS. I HEREBY ASSUME THE RISK OF PARTICIPATING IN THE TRAINING AND OTHER ACTIVITIES RECOMMENDED BY MATTHEW ALEGRE. I CERTIFY THAT I AM PHYSICALLY FIT, AM SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS PROGRAM AND HAVE NOT BEEN ADVISED AGAINST PARTICIPATION BY A QUALIFIED HEALTH PROFESSIONAL. I ACKNOWLEDGE THAT MY STATEMENTS ON THIS CONTRACT ARE TRUE. I ACKNOWLEDGE AND ACCEPT THE RISK ASSOCIATED WITH RIGOROUS PHYSICAL TRAINING. I WAIVE RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES OR LIABILITIES OF DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY OF PROPERTY, DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT, OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSS, WHICH MAY IN THE FUTURE ARISE OUT OR RELATE TO MY PARTICIPATION IN THIS TRAINING PROGRAM. I AGREE NOT TO SUE ANY OF THE PERSONS ASSOCIATED WITH MATTHEW ALEGRE. I HEREBY AFFIRM THAT I AM EIGHTEEN YEARS OF AGE OR OLDER. I HAVE READ THE DOCUMENT AND I UNDERSTAND ITS CONTENTS WITHOUT ANY QUESTION WHATSOEVER.

**Participant's Name (print)** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_