

Childs Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

I realize that Personal Fitness Training requires intense physical exertion and has an inherent risk of injury. I understand that it is my responsibility to consult with a physician prior to and regarding my/my child's participation. I hereby waive all claims for injury, death, damage or loss to my person, child and any person who may accompany us during fitness classes with Alice Smith, Tara Holley and any of their guest instructors. I have read, understand and agree to policies and procedures. By signing, I agree to be bound by the above waiver and release agreement. The signing of this agreement is a condition to work with Alice Smith & Tara Holley and their associates.