



Release of Responsibility:

I agree to the following:

*As a participant at Advantage Nutrition and Wellness, LLC (ANW) I acknowledge that fitness programs require physical exertion, which may be strenuous and may CAUSE physical injury. There are risks involved with my participation. These risks may include, but are not limited to: aggravation of pre-existing conditions, bodily injury, and possibly death.

*I will provide ANW with an accurate representation of my medical and physical conditions.

*ANW staff will instruct me on the proper and safe use of equipment and facilities. However, the use, misuse, or intended use of the facilities, services, and equipment are at my own risk.

*All information and handouts given to me by ANW are for informational purposes only and should in no way take the place of my physician's diagnosis and /or treatment.

*I relieve ANW of any responsibility for the loss of my clothing, money, personal items, and/or valuables.

*I relieve ANW of any liability if I choose to participate in any form of off -site personal training services, for example - crossing Schoenersville Rd. to use walking trail.

*I agree to provide at least 24 hours notice of appointment cancellation. If 24 hours cancellation notice is not provided, I agree to pay a \$ 20.00 fee. I agree to pay this fee in full prior to my next scheduled session.

INITIAL: _____

I have read this Release of Responsibility or had its contents read to me. All questions have been answered to my satisfaction and I fully understand the contents of this release.

I agree to discharge, waive, and relinquish Advantage Nutrition and Wellness, LLC, its employees, agents, and contracts, of all my claims, demands, damages, rights or courses of action present or future, that I or my successors may have as a result of my participation in the fitness program; or through the use, misuse, or intended use of the facilities, services, and equipment.

Signature: _____

Date: _____

Yearly Review:

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____