

Release and Indemnification Form

We strongly recommend that all participants in our personal training program consult their physician prior to participation.

In consideration of my participation in the Capital Strength & Conditioning LLC training program, I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assignees, do hereby waive, release, and forever discharge the sponsors of this program, their agents, representatives, successors, and assignees, from all liabilities, actions, claims, demand, damages, costs, and expenses, which I may now or in the future have against them or any of them arising out of or in any way connected with my participation in the program, including but not limited to all injuries and illnesses that may be suffered by me. I understand that this waiver includes, but is not limited to any claims that are based on negligence, errors, omissions or other action or inaction of the above named parties. In consideration of the acceptance of my entry, the undersigned indemnifies and holds harmless Capital Strength & Conditioning LLC, its officers, directors, shareholders, contractors, agents, and employees against all liabilities, claims, damages, and expenses of every kind and nature which grow out of or are in any way connected with the conduct or organization of this program.

1. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of illness, injury and even death, and 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 or death. (Please initial) _____

2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and machinery expect as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity 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 my physician as to my physical activity, exercise, and use of exercise and training equipment so I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Participant's Name (Please Print) _____

Participant's Signature _____ Date: _____
(or Guardian's)