

FISICO WAIVER FORM



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISK AND INDEMNITY AGREEMENT:

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

Personal Information

Name:	Address:	
Date Of Birth:	Home:	Cell:
Emergency Contact:		

Assumption of Risks and Release of Liability, Waiver of Claims and Indemnity

I have completed the Pre-exercise screening form and have truthfully answered all questions to the best of my ability. I am aware that participation could, in some circumstances, result in physical injury and have discussed my participation, where applicable, with my physician.

In consideration of the acceptance of participation in the program offered by Fisico Personal Training Services Ltd. for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage and WAIVE ANY AND ALL CLAIMS that I have or may in the future against Fisico Personal Training Services Ltd. and its directors, officers, employees, agents and representatives (collectively "Fisico").

TO RELEASE FISICO PERSONAL TRAINING SERVICES LTD. from any and all liability for any loss, damage, injury or expense that I may suffer as a result of participating in the exercise programs offered by Fisico Personal Training Services Ltd. due to any cause whatsoever. INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT ON THE PART OF FISICO.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST FISICO PERSONAL TRAINING SERVICES LTD.

Date:	Name:	Signature:
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