EFFECTUS Athlete Development Agreement and Release of Liability

Name of Client: _____ (print full name)

I. In consideration of being allowed to participate in the personal training strength and conditioning activities and programs offered at the EFFECTUS Athlete Development Centre and to the use of facilities, all equipment and services also including the payment of any fee of charge, I hereby for waive, release, and discharge EFFECTUS Athlete Development and its officers, agents, employed representatives, executors, and all others acting on their behalf from any and all claims or liabilities injuries or damages to my person and/or property, including those caused by the negligent act of omission of those mentioned or others acting on their behalf, arising out of connected with my participation in any activities, programs, or services of EFFECTUS Athlete Development, or the use of any equipment at various sites, including home, provided by and/or recommended by employees of EFFECTUS Athlete Development. (please initial)	its ever es, es for
II. I have been informed, understand, and am aware that strength, flexibility, and aerobic exercise including or not including the use of equipment, are potentially hazardous activities. I have also be informed, understand, and am aware that fitness activities involve a risk of injury, including an unl risk of death or serious disability, and that I am voluntarily participating in these activities and usin equipment and machinery with full knowledge, understanding, and appreciation of the dangers involved. I hereby agree to accept any and all risks of injury or death. (please initial)	een ikely
III. 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 or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, and the use of exercise equipment also acknowledge that it has been recommended that I have yearly or more frequent physical examinations and consulted with my physician as to physical activity, exercise, and the use of exercise equipment. 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 the exercise activities programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment.	ent. I ercise
IV. I understand that provision, instruction and maintenance of an exercise/fitness program provide the staff of EFFECTUS Athlete Development does not constitute an acknowledgement, represent or indication of my physiological well-being, or a medical opinion relating thereto. (please initial)	-
Agreed to this, 20	
By: Client's Name	