



Strength N Honor Training llc Agreement and Release of Liability

First Name: _____ Last Name: _____ DOB: _____

Parent Consent _____ (if minor)

Myself/ my son / my daughter _____

Training:

Waiver and Release:

You (the buyer/client) agree that you hereby waive any claims or rights that you might otherwise have to sue Strength N Honor Training llc, its employees, independent contractors, staff or agents, if injury/harm to you that may result from participation in our nutrition, weight loss programs or personal training sessions. **Initial:** _____

You understand that you should consult your physician if you have any medical issues. You acknowledge nutrition services are not to be in place of any medications. **Initial:** _____

You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You are waiving any right that you have to bring legal action to assert a claim against Strength N Honor Training llc **Initial:** _____

1. In consideration of being allowed to participate in the activities and training programs of Strength n Honor Training LLC (STEVE KONOPKA), trainers and staff and to use its facilities and equipment in addition to the payment of any fee of charge, I do hereby waive, release and forever discharge Strength n Honor Training LLC of 25 OXFORD COURT SIMSBURY, CT 06070 and its representatives, trainers, staff and all others from any and all responsibility or liability from injuries or damages resulting from my /my son's / my daughter's participation in any activities, or my use of equipment in such activities. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself/my son/my daughter, including those caused by the negligent act or omission of those mentioned or others acting on their behalf, or in any way arising out of or connected with myself/my son's / my daughter's participation in any and all activities of Strength N Honor Training LLC or the use of any equipment.

Initial _____



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2. I understand and am aware that exercise / fitness / strength / conditioning / flexibility / aerobic activity, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death, and that myself / my child _____ is 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 add all risks of injury or death. **Initial** _____

3. Myself / my son / my daughter is physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my/their participation or use of equipment except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for myself /my son's / my daughter's participation in an exercise/fitness/strength/conditioning/flexibility/aerobic activity and the use of exercise equipment and machinery. I also acknowledge that it has been recommended that myself/ son / daughter have a yearly or more frequent physical examination and consultation with my / my son's / my daughter's physician as to physical activity, exercise and use of exercise, training equipment and machinery so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that myself/ son / daughter _____ has either had a physical examination and been given physician's permission to participate, or that I have decided to have myself / son / daughter _____ participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for myself/ my son / my daughter _____ participation and activities, and utilization of equipment and machinery in any and all activities. **Initial** _____

4. I understand that on occasion still photography or video footage may be obtained prior to, during, or after any involvement in exercise sessions and nutrition meetings in order to assist in promoting the services of the facility. These images and or videos will be used strictly for the promotion of Strength N Honor Training LLC and may be posted on social media (Instagram, Twitter, Facebook, strengthnhonortraining.com, etc.). ***If there is an image used that you are not comfortable with, please contact us immediately, we will remove it without hesitation.*Initial** _____



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Training experience

Sports Played

Have you/ your son / daughter been cleared for full training_____

If no, why?_____

Have you/ your son / daughter been cleared for full contact sports_____

If no, why?_____

Are there any restrictions on physical activity for yourself/ son / daughter_____

If yes, what restrictions?_____

Nutrition Coaching:

Policies and Guidelines:

The following guidelines apply to nutrition coaching services and weight loss coaching packages. Please review carefully and, if any questions, discuss them with your nutrition coach. Initial each statement below:

Biometrics: **Biometrics** including body weight, body fat %, hydration levels, lean muscle mass and measurements of various areas of your body are included in our Nutrition coaching (except maintenance). These **Biometrics** are a major tool used to provide the absolute best customized plans for optimal results. Coaching will not begin until these are taken. The “midway” point of your nutrition coaching package includes a second measurement of **Biometrics**. This allows us to make adjustments and continue customizing your plan for optimal results. Coaching will not continue until these Biometrics are completed in a timely fashion. **PLEASE NOTE PACKAGES EXPIRE IN THE TIME FRAME FOR WHICH THEY ARE PURCHASED. IF COACHING IS PAUSED DUE TO BIOMETRICS NOT BEING TAKEN TIME IS NOT ADDED TO MAKE UP FOR IT.** Initial_____



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Cancellations: I understand that the nutrition coach operates on a scheduled appointment basis for all sessions and thus, requires a 24-hour notice when canceling/rescheduling an appointment. No charge shall be applied if I cancel/reschedule with MORE than 24 hours notice given. Should I cancel within the 24-hour notice window, I will be charged \$25, and will purchase an additional session shall I wish to reschedule. **Initial:** _____

Promptness: It is important to arrive on time for a scheduled appointment. The client should understand that the nutrition coach might have another appointment immediately following his/her session, and therefore tardiness may result in the normal length of the session being reduced. **Initial:** _____

Refunds: There will be no refunds for nutrition counseling sessions, follow-ups, nutrition challenges or personal training sessions. **Initial:** _____

Payments: I understand I am signing up for a multi-month program and that even if I pay monthly, I will be required to fulfill my obligation for payment each month. **Initial:** _____

Expiration: Nutrition packages will expire 60 days after purchase **Initial:** _____

DIETARY/ NUTRITIONAL / FOOD SUPPLEMENT RECOMMENDATIONS:

I acknowledge that I am aware that STRENGTH N HONOR TRAINING, LLC its members, officers, agents, employees and independent contractors are not medical doctors or registered dieticians and do not diagnose disease. DIETARY/ NUTRITIONAL / FOOD SUPPLEMENTS are recommended to be useful ways to fill nutritional gaps in your diet and add great convenience. I also acknowledge that I have been warned that I should consult a Physician before undergoing any dietary or food supplement changes. I also affirmatively state that I have disclosed any and all known medical or genetic conditions, medications I use, and any significant personal or family medical history. Any recommendations that I follow for changes in diet, including but not limited to the use of food supplements, nutritional supplements and/or dietary supplements are entirely my choice and my responsibility. I am knowingly assuming any risk associated with nutritional counseling and recommendations. I will read all product label warnings and directions. I will consult with my physician or my athletes physician if I have any concerns or questions. **Initial:** _____



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Emergency Contact Name _____ Phone _____

Allergies or any Medical
conditions _____

Medications taken or prescribed

Family or genetic history of disease

Date _____ Signature _____

Address _____

Phone _____

Email: _____