



Training Waiver and Consent Form

Name: _____

Address: _____

Email address: _____

Phone number: _____ Birthday: ____/____/____

Emergency Contact: Name and Phone Number: _____

I choose to participate in the kids training session offered by **4EVERFIT365 LLC**. and recognize that the training sessions require physical exertion which may cause physical injury. I am fully aware that there are possible risks involved.

I understand that it is my responsibility to consult a physician prior to participating in the training sessions. I warrant that I am physically fit and do not have medical conditions which would prevent my participating in training sessions.

I recognize the various suggested exercises should be approached in a strategic fashion. If any movement brings discomfort, I know to modify the pose as deemed necessary to my physical needs.

I agree to assume full responsibility for any injuries sustained and I release **4EVERFIT365 LLC**. from any and all liability as a consequence of my participation in the training sessions.

I have read and fully understand this consent form/waiver & release and accept its contents:

I hereby certify that I have read this document; and, I understand its content.

I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

I also understand at the training sessions or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by the Instructor or **4EVERFIT365 LLC**.

Client Signature

Date

If participant is under age 18:

As legal guardian of _____ I consent to the above terms and conditions.

Parent / Guardian of Participant's Signature

Date