

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISK
AND INDEMINITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

PLEASE READ CAREFULLY!

Name _____

**Assumption of Risks & 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 Floe Fitness Personal Training 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 Floe Fitness Personal Training and its directors, officers, employees, agents and representatives (collectively "Floe Fitness").

TO RELEASE FLOE FITNESS PERSONAL TRAINING. 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 Floe Fitness Personal Training 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 FLOE FITNESS.

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 FLOE FITNESS PERSONAL TRAINING.

Date _____ Signature _____