

YOUTH PERSONAL TRAINING PROGRAM RELEASE OF LIABILITY

The PhysiCore personal trainers are certified by national organizations such as the Titleist Performance Institute, American Council on Exercise and STOTT Pilates. PhysiCore takes these certifications, the continuing education requirements to maintain the status of each and your child's welfare as seriously as we take the wellness and safety of our own children. As such, we require you to read and sign the document below, to ensure the well-being of all our clients and a successful training program.

I (*parent/legal guardian*)_____ hereby accept all risks associated on behalf of my legal minor(s) ("PARTICIPANT" as noted on page two) participation in the PhysiCore, LLC Personal Training Program and release and forever discharge PhysiCore, its employees - including its personal trainers ("TRAINER"), and any other officers, agent or volunteers of PhysiCore ("RELEASEES") from any and all responsibilities or liability from injuries or damages resulting from or connected with my participation in any of the exercise programs whether arising from the negligence of the RELEASEES or otherwise.

1. I acknowledge and fully understand that I will be engaging in training activities that potentially involve the risk of serious injury, permanent disability or death. Other possible risks may include social and economic losses which might result not only from the RELEASEES own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the condition of the premises or any equipment. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.

2. I further acknowledge and understand that PhysiCore, its personal trainers and other employees are not licensed dieticians or physicians and that any information or guidelines provided by PhysiCore, its personal trainers or other employees carries no warranty of any kind, expressed or implied, including, but not limited to, warranties regarding safety or suitability for a particular purpose.

3. PhysiCore and its employees will implement the most effective principals to help the participant achieve his or her goals within the TRAINER'S scope of practice, but cannot guarantee that its products or workouts will be safe, effective or suitable for everyone. For that reason, all such products and services, programs, techniques and materials embodied in such products and services, are offered without warranties or guarantees of any kind, expressed or implied, and the TRAINER, PhysiCore and its employees disclaim any liability, loss or damages that may result from their use.

YOUTH PERSONAL TRAINING PROGRAM RELEASE OF LIABILITY (continued)

4. I understand that a physician's approval is highly recommended prior to participating in this program and have either obtained a signed approval from my physician or will ask and complete the PhysiCore Medical History/Evaluation Form for each minor.

5. I also acknowledge that some exercise programs might be held outside of PhysiCore, and hereby accept all risk associated with all offsite exercise programs.

6. I have read this document in its entirety and agree to adhere to all its precepts, as well as all other terms and conditions of the PhysiCore's Personal Training Program. I understand the risks and benefits of the program and any questions that I may have had have been answered to my satisfaction. Upon participation, I do hereby discharge, release and hold harmless the TRAINER, PhysiCore and its employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation except if such damage(s) or injury(s) is primarily the direct result of gross negligence or misconduct of the RELEASEES and not caused in part by my own negligence.

Participant's Printed Name (Child 1)

Date of Birth

Printed Name of Parent/Legal Guardian

Participant's Printed Name (Child 2)

Date of Birth

Signature of Parent/Legal Guardian

Participant's Printed Name (Child 3)

Date of Birth

Today's Date

For the purpose of notifications, cancellations and other communications:

Mother's Email Address

Mother's Mobile Phone

Txt Msg Enabled? Yes or No

Father's Email Address

Father's Mobile Phone

Txt Msg Enabled? Yes or No

Street Address

City

State

Zip