



Contre-Fitness  
125 South Main Street lower level  
Woonsocket, RI 02895  
[www.contrefitness.com](http://www.contrefitness.com)  
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### Waiver, Release, and Assumption of Risk Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, have volunteered to participate in a fitness program provided to me by Contre-Fitness, which may include, but may not be limited to, fitness classes, strength programs, personal training, nutritional guidance, and aerobic or cardiovascular exercise. In consideration of the agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless the coach and his/her respective agents, heirs, assigns, contractors, and employees from any claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO THE COACH OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, \_\_\_\_\_, have been informed of, understand, and aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand, and aware that any exercise and/or fitness activities involved a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of a heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved.

I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed.

If I, \_\_\_\_\_, have chosen not to obtain a physician's consent prior to beginning this fitness program, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercise in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING TO LEGAL ACTION OF ASSERT A CLAIM AGAINST CONTRE-FITNESS, AND ALL OF IT'S SUBCONTRACTORS FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS OR CONTRACTORS.

## PHOTOGRAPHY & VIDEO

Contre-Fitness may use photography and video during regular classes and training events. These photos may be used in email campaigns, advertisements, lectures, or social media advertisements.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

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*Participants Signature*

Date

Parent or legal guardian  
(if participant is under age eighteen)

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Please print name

Please print name

Initial here to allow this waiver to serve as an open dated wavier until I date it as closed: \_\_\_\_\_.

Closed on: \_\_\_\_\_