

Personal Training Waiver and Release

I agree to be solely responsible for any and all liability costs, damages, and expenses incurred by me as a result of any injury sustained by me from participating in this personal training program led by Catherine Kassab. I further agree to be solely responsible for any and all liability costs, damages, and expenses incurred by my child or baby-to-be as a result of his/her participation, either directly or indirectly, in this personal training program. I agree not to hold Catherine Kassab and/or trainers responsible in any way for any injury whatsoever. I understand that I may incur an injury as a result of participating in this personal training program including, but not limited to, miscarriage, strains, sprains, tears to muscles, broken bones, and heart attacks. I further agree not to hold any host facility, its employees or its representatives liable for any of the above listed injuries, accidents or unfortunate occurrences that may take place on the premises. By signing below, I attest that I am in good physical condition, am exercising with my healthcare provider's approval, can participate in this vigorous program, and have read and fully understand the above.

Name: _____

Signature: _____

Date: _____

Emergency Contact:

Name: _____

Phone: _____