



*Holistic Personal Training Services
Move better....Live better.*

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, _____, understand and am aware that beginning an exercise program including but not limited to: training methods involving the use of equipment; strength, flexibility, and cardiovascular exercise; and fitness facility useage; is a potentially hazardous activity. I also understand that undertaking a fitness program carries an inherent risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. I hereby waive, release, and forever discharge **Armstrong Integrative Movement, LLC**, their owners, officers, employees, or agents from any and all responsibilities or liabilities for injuries or damages as a result of these activities. I understand that it is always advisable to consult with your physician before undertaking an exercise program. I have read, understood, and completed the Health History Evaluation Form with full honest disclosure.

Client Signature _____ Date _____