FREEDOM FITNESS, LLC

WAIVER OF LIABILITY - ADULT (18 & Over)

BECAUSE PHYSICAL EXERCISE CAN BE STRENUOUS AND SUBJECT TO RISK OF SERIOUS INJURY, WE URGE YOU TO OBTAIN A PHYSICAL EXAMINATION FROM A DOCTOR BEFORE USING ANY EXERCISE EQUIPMENT OR PARTICIPATING IN ANY EXERCISE ACTIVITY. YOU AGREE THAT BY PARTICIPATING IN PHYSICAL EXERCISE OR TRAINING ACTIVITIES, YOU DO SO ENTIRELY AT YOUR OWN RISK. ANY RECOMMENDATION FOR CHANGES IN DIET INCLUDING THE USE OF FOOD SUPPLEMENTS, WEIGHT REDUCTION AND/OR BODY BUILDING ENHANCEMENT PRODUCTS ARE ENTIRELY YOUR RESPONSIBILITY AND YOU SHOULD CONSULT A PHYSICIAN PRIOR TO UNDERGOING ANY DIETARY OR FOOD SUPPLEMENT CHANGES. YOU AGREE THAT YOU ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND USE OF THESE FACILITIES AND PREMISES AND ASSUME ALL RISKS OF INJURY, ILLNESS, OR DEATH. WE ARE ALSO NOT RESPONSIBLE FOR ANY LOSS OF YOUR PERSONAL PROPERTY.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS ""WAIVER OF LIABILITY"" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. YOU EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE TRAINER OR INSTRUCTOR FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND YOU AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT YOU MAY OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THE TRAINER OR INSTRUCTOR FOR PERSONAL INJURY OR PROPERTY DAMAGE.

TO THE EXTENT THAT STATUTE OR CASE LAW DOES NOT PROHIBIT RELEASES FOR NEGLIGENCE, THIS RELEASE IS ALSO FOR NEGLIGENCE.

IF ANY PORTION OF THIS RELEASE FROM LIABILITY SHALL BE DEEMED BY A COURT OF COMPETENT JURISDICTION TO BE INVALID, THEN THE REMAINDER OF THIS RELEASE FROM LIABILITY SHALL REMAIN IN FULL FORCE AND EFFECT AND THE OFFENDING PROVISION OR PROVISIONS SEVERED HERE FROM.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY.

CLIENT SIGNATURE

THIS FORM WILL REMAIN ON FILE FOR THE DURATION OF YOUR TRAINING WITH **FREEDOM FITNESSS, LLC**. A COPY CAN BE GIVEN TO YOU FOR YOUR RECORDS UPON REQUEST. THIS FORM CAN ONLY BE RELEASED TO A THIRD PARTY WITH YOUR EXPRESSED WRITTEN CONSENT.

DATE

PRINT CLIENT NAME	MOBILE PHONE#
TRAINER SIGNATURE	DATE
MEDIA DELEACE	FODM ADIII T (10 % Owar)
I, (PRINT NAME) LLC, ITS EMPLOYEES OR REPRESENTATIVES, TO TA VIDEO, AUDIO RECORDING OR QUOTED REMARKS O MATERIALS. THESE MATERIALS MIGHT INCLUDE PR (FACEBOOK, TWITTER, INSTAGRAM, LINKEDIN, BLO COMMUNICATIONS. I FURTHER AGREE THAT MY N.	, HEREBY GRANT PERMISSION TO FREEDOM FITNESS, KE AND USE PHOTOGRAPHS/DIGITAL IMAGES, VIDEOTAPE/DIGITAL OF ME FOR USE IN PROMOTIONAL OR EDUCATIONAL OR MARKETING RINTED OR ELECTRONIC PUBLICATIONS, WEB SITES, SOCIAL MEDIA OGGER, YOUTUBE, GOOGLE+, ETC) OR OTHER ELECTRONIC AME, IDENTITY, OR DATA CONCERNING CHANGES IN BODY BE REVEALED IN DESCRIPTIVE TEXT OR COMMENTARY IN TOIO.
	INITELY WITHOUT COMPENSATION TO ME. ALL NEGATIVES, POSITIVES, AUDIO RECORDINGS SHALL BE THE PROPERTY OF FREEDOM FITNESS,
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I AUTHORIZE THE USE OF THESE MATERIALS INDEF PRINTS, DIGITAL REPRODUCTIONS AND VIDEO AND LLC.	INITELY WITHOUT COMPENSATION TO ME. ALL NEGATIVES, POSITIVES, AUDIO RECORDINGS SHALL BE THE PROPERTY OF FREEDOM FITNESS ,