

1. In consideration of being allowed to participate in the personal fitness training activities and programs with Kathleen Pebley, use of facilities, equipment and services, in addition to the payment of any fee of charge I do hereby forever waive release and discharge Kathleen Pebley and all others acting on her behalf from any and all claims of liabilities of injuries of damages to any person and/or property, including those caused by the negligent act of omission of any those mentioned or others acting on her behalf, arising out of or connected with my participation in any activities, programs or services of Kathleen Pebley or the use of any equipment at various sites, including home, provided by and/or recommended by Kathleen Pebley.

Please Initial: _____

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, 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 assure and accept any and all risks of injury or death.

Please Initial: _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment of machinery. I do hereby acknowledge that there may be a need to attain a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and have been giving my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility of my participation in said activities, programs and use of equipment.

Please Initial: _____

4. I understand that Kathleen Pebley's providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or medical opinion thereto.

Please Initial: _____

Client's Signature _____ Date: _____

Trainer's Signature _____ Date: _____