

Agreement of Release and Waiver of Liability

Your Name: _____ Your Phone Number: _____

Emergency Contact: _____ Emergency Phone: _____

I agree to the following:

1. That I am participating in exercise sessions offered by Samantha Zilvitis, in person and/or online, during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the exercise sessions. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the exercise sessions.
3. In consideration of being permitted to participate in the exercise sessions, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the exercise sessions.
4. In consideration of being permitted to participate in the exercise sessions, I knowingly, voluntarily and expressly waive any claim I may have now or in the future against Samantha Zilvitis for injury or damages that I may sustain as a result of participating in the exercise sessions.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Samantha Zilvitis for any injury or death caused by her negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date

Name of Participant

Signature of Participant

If participant is under 18 years of age:

Full Name of Parent/Legal Guardian of Participant

Date

Signature of Parent/Legal Guardian of Participant