

Waiver and Release Agreement

Personal training client (“Client”) is aware that participation in a sport or physical exercise may result in accident or injury, and assumes the risk connected with such participation. Client represents that he/she is in good health and suffers from no physical impairment, which would limit their use of the facilities or any physical impairments have been disclosed on the PAR-Q. Client acknowledges that the personal trainer has not and WILL NOT render any medical services including medical diagnosis of Client’s physical condition. Client specifically agrees that Jamie and Aileen Schumacher and Schumacher Health and Wellness, dba Bone-A-Fide BootCamp shall not be liable for any claim, demand, cause of action of any kind resulting from or related to Client’s use of the facilities or participation in personal training and fitness programming within or without the premises, and the client agrees to hold Schumacher Health and Wellness, dba Bone-A-Fide BootCamp harmless.

Signature: _____ Date: _____

Printed Name: _____

Commitment Days:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Please note before committing:

- Once you have chosen your commitment days we will assume that you will attend on those agreed days.
- Later, if you find that you cannot attend class on any of the days committed, please call 425-577-8682 to let us know (24 hours in advance) which day of that week you would like to ‘make up’ the class.
- Missed days/classes cannot be made up on any following week. Any unattended classes will be forfeited.
- Payment must be paid in full before attendance to first class. PayPal receipt must be presented at the beginning of your first class for admittance.
- There are no refunds for this class!
- You may, however; transfer your classes to someone else not already enrolled in the class. In such case, this participant must also fill out the PAR-Q, Waiver and Release Agreement and Commitment Days.

I have read and agree to the aforementioned:

Signature: _____ Date: _____

Printed Name: _____

Signature of Client transferring classes (if applicable): _____

(By signing, Client has agreed to transfer classes to agreed upon person.)