



Strategic High Impact Functional Training

AGREEMENT/WAIVER

NAME: _____ BIRTH DATE: _____

EMAIL: _____ CONTACT #: _____

WAIVER OF LIABILITY FOR GYM USE

Because physical exercise can be strenuous and subject to risk of serious injury, SHIFT urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity.

You (each client, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any gym amenity on the premises or off premises, including any sponsored SHIFT event, you do so entirely at your own risk. Any recommendations 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 the facility and premises and assume all risks of injury, illness, or death.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: 1) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction; 2) the sudden and unforeseen malfunctioning of any equipment; 3) our instruction, training, supervision, or dietary recommendations; 4) your slipping and/or falling while in the building, or on the premises, including adjacent sidewalks and parking areas; 5) contact with other participants; 6) the effects

of the weather, including high heat and/or humidity;and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and SHIFT furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE SHIFT, its owner, its officers, agents, employees, organizers, representatives, and successors 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 facility 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 on the part of the facility, its agents, and employees.

SHIFT, its owner, its officers, agents, employees, organizers, representatives, and successors are also not responsible for any loss or damage of your personal property and are free from liability for unattended children on the premises, surrounding parking lots or off the premises, including any sponsored SHIFT event. I/We hereby acknowledge to be photographed, and/or video-taped for publicity in any of SHIFT's publications, advertisements, social media marketing or other informational and instructional tools.

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 of provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Participant's Signature: _____ Date: _____

In case of emergency, contact: _____ Phone: _____

(Parent's signature if under 18 years of age)

I represent that I have legal capacity and am authorized to act on behalf of the minor named.

Parent/Guardian Signature: _____ Date: _____