



HEALTH & FITNESS WAIVER AND RELEASE OF LIABILITY

I _____, have voluntarily enrolled at Ampfit, LLC. and hereby accept all risks associated with my participation in exercise, personal training programs, and health & fitness classes or workshops offered by Ampfit, LLC, Inc. and forever **discharge Ampfit, LLC, Inc., its personal trainers, owners, directors, officers, and all other employees and agents (“Ampfit, LLC” or “RELEASEES”)** from any and all responsibility or liability from injuries or damages resulting from or connected with my participation in any of the exercise and training programs whether arising from the negligence of the **RELEASEES** or otherwise.

1. I acknowledge and fully understand that I will be engaging in exercise and training programs that may involve strenuous physical activities, including but not limited to weight training, endurance training, flexibility, cardiovascular conditioning, and may include the use of equipment and/or machinery. I acknowledge and fully understand that physical exercise can be strenuous and may involve the risk of serious injury, permanent disability, including but not limited to musculoskeletal injury, spinal injuries, hypoglycemia, abnormal blood pressure responses, and heart attack, or death. Other possible risks may include social and economic losses which might result not only from the **RELEASEES’** own actions, inactions, or equipment. I further acknowledge and fully understand that there may be other risks not known or not reasonably foreseeable at this time. Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby voluntarily assume full responsibility for all the foregoing risks, known or unknown, and accept responsibility for the damages following any injury, permanent disability, or death. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**
2. I acknowledge and fully understand that that some exercise and training programs might be held outside of **AMP Training Center**, including but not limited to your home, office, or outdoors, and hereby accept all risk associated with all offsite exercise programs. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**
3. **Ampfit, LLC** will implement the most effective exercise and training principals to help me achieve my goals within **Ampfit, LLC** scope of practice, but cannot guarantee that its products, services, recommendations, or workouts will be safe, effective, or suitable for everyone. For this reason, all such products and services, programs, recommendations, techniques, and materials embodied in such products and services, are offered without warranties or guarantees of any kind, expressed or implied, and the **RELEASEES** expressly disclaim liability, loss, or damages that may result from their use. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**
4. **I acknowledge and fully understand that a physician approval is highly recommended prior to participating in exercise and physical activity** and I have either obtained a signed written approval from my physician or I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and hereby represent, warrant, and declare that I am physically fit and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my full participation in exercise and physical activities or use of equipment or machinery, and voluntarily assume all responsibility for my participation in said activities, programs, and use of equipment. I further acknowledge and fully

understand that I have been advised to undergo a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise equipment. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**

5. I acknowledge and fully understand the risks and benefits of exercise and the personal training programs and any questions that I may have had have been answered to my satisfaction. Upon participation, I do hereby **discharge, release, and hold harmless the RELEASEES from any and all liability for damage claims or losses of any kind or character whatsoever** resulting from any injury or condition I may suffer, or resulting from my participation except if such damage(s) or injury(s) is primarily the direct result of gross negligence or misconduct of the RELEASEES and not caused in part by my own negligence. **I AGREE AND UNDERSTAND. INITIAL HERE_____.**

I have read this Health & Fitness Waiver and Release of Liability in its entirety, fully understand its contents, and voluntarily agree to adhere to all its terms and conditions, as well as other terms and conditions of **Ampfit, LLC**. I further acknowledge and fully understand that this Health & Fitness Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the State of Rhode Island and agree that if any portion is held invalid, the remainder will continue in full force and effect.

Signature of Participant

Date

If participant is under 18:

As legal guardian of _____, I consent to the above terms and conditions.

Signature of Parent/Guardian

Date

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