

Guardian Training Systems, LLC Waiver

Participant Release and Acknowledgement of Agreement

I, _____, wish to participate in the exercise and training program offered by Guardian Training Systems, LLC. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk. I further agree that Guardian Training Systems, LLC and all employees shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, outdoors or in any fitness facility), and I expressly release and discharge Guardian Training Systems, LLC and all employees from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only and injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns. I have read and understand this term: _____ (initial)

I understand that Guardian Training Systems, LLC will make every reasonable effort to preserve the privacy of the information contained in this Client Intake Form. I further agree that Guardian Training Systems, LLC shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Intake Form and I expressly release and discharge Guardian Training Systems, LLC and all employees from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Intake Form. This release shall be binding upon my heirs, executors, administrators and assigns. I have read and understand this term: _____ (initial)

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participations at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform any employee of Guardian Training Systems, LLC. I have read and understand this term: _____ (initial)

I understand that the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions. I have read and understand this term: _____ (initial)

Participant's signature: _____ Date: _____

Guardian's signature (if participant is a minor): _____