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**Personal Training
 Waiver and Assumption of Risk**

Waiver and Assumption of Risk: I, _____, in consideration of being permitted to participate in physical activity in the Focal Fitness Personal Training Program and to use its equipment and facilities, on behalf of myself, my family, my heirs, and my assigns, **I hereby release Focal Fitness, and each of their respective employees,** from any and all liability for injury, death, negligence or negligence of a third party, property loss or damage suffered by me as a result of my participation in the program, or my use of the facilities and its equipment, or any way associated with my participation in any and all program activities now or in the future.

I, _____, acknowledge that I know, understand, and appreciate the inherent risks of participating in this program, using the facilities or the equipment and of participating in the Focal Fitness Personal Training Program. **I know that these risks may include, but are not limited to minor scrapes, strains, and bruises, as well as significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death.** By execution of this agreement, I fully assume the inherent risks associated with the Focal Fitness Personal Training Program and assert that I am voluntarily participating in such activities. I understand that by signing below, that my personal information will be shared with my potential and or specific trainers for the purpose of their training services only. I have read this release of liability, fully understand it, freely and voluntarily sign the same, and I am acting for myself, my heirs, personal representatives and assigns.

Signature: _____
 (your signature)

Address: _____
 (street) (city/state) (zip)

NOTE: IF YOU ARE LESS THAN EIGHTEEN YEARS OLD, YOUR PARENT OR LEGAL GUARDIAN ALSO MUST SIGN BELOW:

Signature: _____
 (Parent/Legal guardian signature)

Address: _____
 (street) (city/state) (zip)

Date: _____