



Mann Method
PT and Fitness, PLLC

WAIVER, RELEASE, AND ASSUMPTION OF RISK FORM

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read, understand, and agree to it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

WAIVER, INFORMED CONSENT, AND COVENANT NOT TO SUE

I, _____, have volunteered to participate in a program of physical exercise under the direction of Licensed Physical Therapist and National Strength and Conditioning Association (NSCA) certified personal trainer Sarah Elsberg Mann, which will include, but may not be limited to, weight and/or resistance training and cardiovascular activity. In consideration of Sarah Elsberg Mann’s agreement to treat, instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Sarah Elsberg Mann, Mann Method PT and Fitness PLLC, the NSCA, and their respective agents, heirs, assigns, contractors, and employees (collectively “Released Parties”) from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom.

THIS WAIVER AND RELEASE OF LIABILITY IS WITHOUT LIMITATION EXCEPT FOR WILLFUL OR INTENTIONAL CONDUCT.

ASSUMPTION OF RISK

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist and hereby assume the risk of the same. These changes can include, but are not limited to: abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

- I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.
- I recognize that Released Parties recommend a physical examination from a physician of my choosing be obtained prior to involvement in this exercise program. I agree to follow any and all recommendations of my physician as they relate to the exercise program.
- I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.
- I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST THE RELEASED PARTIES.

Participant’s signature (parent/guardian if under 18)

Date

(Please print name)