



**Fit Like Me LLC, DBA Fit For You**

**Owner: Shayna Cohen**

**Waiver and Release of Liability**

**Participant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Acknowledgment of Risk:**

I, \_\_\_\_\_, recognize and acknowledge that there are certain risks of physical injury associated with participating in fitness training and exercise activities provided by Fit Like Me LLC, DBA Fit For You, Shayna Cohen and trainers, including but not limited to muscular injuries, bone injuries, and cardiovascular injuries. I hereby agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such fitness training.

**Waiver and Release of Liability:**

In consideration of being allowed to participate in fitness training activities, I do hereby waive, release, and relinquish all claims I may have as a result of participating in the program against Fit Like Me LLC, DBA Fit For You, Shayna Cohen, and employees, agents, officers, trainers, and representatives (collectively, "Releases").

I do hereby fully release and discharge Fit Like Me LLC, DBA Fit For You, Shayna Cohen and affiliates from any and all claims for injuries, including death, damage, or loss which I may have or which may accrue to me on account of participation in fitness training activities.

I further agree to indemnify and hold harmless and defend Fit For You and its representatives from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the fitness training.

**Medical Clearance:**

I affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in fitness training activities. I acknowledge that Fit Like Me LLC, DBA Fit For You, nor Shayna Cohen has not and will not render any medical services including medical diagnosis of my physical condition. I expressly agree that all exercises and use of all facilities shall be undertaken by me at my sole risk.

**Understanding of Terms:**

I have read and fully understand the above waiver and release of liability and fully understand that I have given up substantial rights by signing it and sign it voluntarily. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If the participant is under 18 years of age:**

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

