

Leenfitness LLC
General Release Form

Name: _____

Address: _____

Email Address: _____

I know the risk and danger involved in working out with a personal trainer and exercising, including, but not limited to the risk to the musculoskeletal system (e.g. sprain, strain) and the cardiovascular system (dizziness, fainting, abnormal heartbeat, discomfort in breathing, abnormal blood pressure response, and in rare instances, heart attack or stroke) I assume all risk of illness that may be sustained by me as a result of my involvement or participation in any activity or fitness program or class guided by my personal trainer (Colleen Brophy). Although my trainer may prepare and suggest an exercise or fitness program for me, I understand that only my personal physician and I can decide what exercises or fitness program I should do or follow. In consideration of the services provided by my personal trainer, I, on behalf of myself, my heirs, my estate and my legal representatives, hereby release, discharge and hold harmless Leenfitness LLC and any of its offers, employees, vendors and providers of any products, equipment or services (the "released parties"), from all and any claims, liability, damage, expenses, losses, or causes of action of any sort related to any injury, damage, loss or illness suffered or sustained by me or my personal property in conjunction with my work with my personal trainer. This release includes any injury, damages or losses suffered due to negligence or any other level of fault by the Released Parties.

Further I hereby consent to the administration of first aid and resuscitative measures by my personal trainer.

I have read and fully understand the above General Release and sign it as a free, knowing, and voluntary act.

Date : _____

Signature _____
(If minor under 18, Parent/Guardian Signature Required)

Emergency Contact: _____