

Consent, Waiver and Release Form

Please read the information below carefully and print and sign your name at the end of this form. By signing this consent, you are agreeing to the stipulations and requirements of an Orion’s Fitness training program. You are confirming that you understand that not following the training program discussed with you by a certified personal trainer will hinder your progress towards your goals.

I, _____, agree to participate in the training program for the previously agreed upon fee. I understand that I must cancel my monthly recurring payment by emailing orion@orionsfitness.com or the monthly subscription will continue to be automatically drafted every month.

Because physical exercise can be strenuous and subject to risk of serious injury, Orion’s Fitness recommends I obtain a physical examination and clearance from a doctor before using any exercise equipment, participating in any exercise activity, or following the prescribed program. If I choose not to obtain said examination and clearance, I do so entirely at my own risk. Additionally, any recommendations for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely my responsibility and I agree to consult a physician prior to undergoing any dietary or food supplement changes. I agree that I am voluntarily participating in these activities and I assume all risks of injury, illness, or death. Orion’s Fitness is not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of: (a) my participation in any activity, program, personal training, or instruction, (b) and the instruction, training, supervision, or dietary recommendations.

I acknowledge that I have carefully read this “waiver and release” and fully understand that it is a release of liability. I expressly agree to release and discharge Orion’s Fitness, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against Orion’s Fitness for negligence, personal injury, or property damage.

Note: Should any part of this agreement be found by a court of law to be against public policy or in violation of any state statute or case precedence, then the remainder of this document will remain in full force.

Signed: _____

Printed Name: _____

Dated: _____

If under 18 years of age, to be completed by parent/guardian:

Signature: _____

Printed Name: _____

Dated: _____