

Kaitz Performance Training

Client Waiver and Release Form

John Kaitz urges all clients to obtain a physical examination from a doctor before engaging in any exercise program.

Weight training and related exercise activities are inherently dangerous activities in which participants and other individuals are under constant risk. I am fully aware of the potential dangers of engaging in exercise activities (such as resistance training, weight lifting, cardiovascular exercise, group exercise classes, any other exercise activity and massage therapy). In consideration of permitting me to participate in any exercise activity with John Kaitz, at any premise including indoor and/or outdoor areas, I agree to voluntarily release from and assume all liability and damages, and agree to indemnify, defend, and hold harmless, John Kaitz for any death, injury or damage suffered by any person, including myself, arising out of any of my activities with John Kaitz even if the death, injury or damage is caused by John Kaitz's own negligence.

If I have any physical limitations, I agree to advise John Kaitz prior to a exercise/training session. I understand that John Kaitz is not a licensed medical professionals and that sessions are meant to be educational in content. I further understand that none of the information conveyed in a session is meant to be taken as a diagnosis and that I should see a physician for any medical conditions.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY. IN ADDITION, I DO HEREBY WAIVE ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST JOHN KAITZ FOR NEGLIGENCE OR ARISING OUT OF OR RELATING TO MY PARTICIPATION IN ANY OF THE ACTIVITIES, OR USE OF THE EQUIPMENT, FACILITIES OR SERVICES JOHN KAITZ PROVIDES, OR ON ACCOUNT OF ANY ILLNESS OR ACCIDENT, OR DAMAGE TO OR LOSS OF MY PERSONAL PROPERTY IN CONNECTION WITH THOSE SERVICES.

I understand that John Kaitz keeps records of assessments, program design, objectives, and communication between himself and the individuals he trains. I understand that John Kaitz does not accept insurance.

Initials

I understand that I must give John Kaitz **at least 24 hours notice** to change or cancel my appointments. I understand that late cancellations and missed appointments will be charged at the full rate and I agree to pay the full rate when I do not provide the required 24 hours notice.

Initials

All participants **MUST** complete the following:

Print Participants Name

Under 18, check if yes

Signature

Date

If participating client is under the age of 18, a parent or guardian must give signature for the parent release