



Pathway to Fitness, Inc. Release from Liability and Negligence

I do hereby understand and agree that **I must consult my physician** with respect to any past or present illness, injury, cardiovascular problem, or any other condition that may affect my voluntary participation in and ability to endure and execute a fitness and nutrition program. 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 should **consult my physician** prior to undergoing any dietary or food supplement changes.

I do hereby understand and agree that **I am voluntarily participating** in a fitness training and exercise program that involves **inherent risks, injury and possible death**. These exercise programs can take place anywhere. They are not confined to a gym and may also take place on a private or public property. In addition, **the safety of the equipment** I am being trained to use is **not the responsibility of the undersigned personal trainer**. After proper instruction and demonstration, **I assume responsibility of my health** while voluntarily participating in physical exercise or training activities.

I do hereby **release Michelle A. Persica, M.Ed., from any and all claims of liability and/or negligence** in the event that I suffer an injury, illness, or possible death during the course of my fitness training, exercise or nutrition program. I acknowledge that I have read this “waiver and release” and do understand the above, and **I knowingly execute this release from liability and negligence**.

Client Printed Name: _____ Date: _____
Client Signature: _____ Date: _____

Trainer Printed Name: _____ Date: _____
Trainer Signature: _____ Date: _____