## Ryan S. Crandall/Mobile Senior FitnessWaiver and Release Of ALL Claims by Client

The Client acknowledges that any program of fitness, exercise, movement, and diet involves the POTENTIAL for RISK from MILD to SERIOUS and from ACUTE injury to CHRONIC injury including death.

The Client represents that he/she has been recently examined by a licensed medical practitioner and has been found able to participate in a program of movement, exercise, and other fitness related activities.

The Client understands and recognizes that endless number of variables that can accumulate over time that may seem small at first, CAN in fact lead to significant muscular/soft tissue/osteo/neural/endocrine/inflammatory/ immunological and any combination of the above.

The Client understands that events in the near and distant PAST can INFLUENCE progress and even INFLUENCE possible injury negative outcomes to the CLIENT.

## Ryan S. Crandall/Mobile Senior Fitness/Trainer/Coach/

## **Client agrees:**

- 1. That any exercise/movement/fitness program shall be undertaken by Client at his/her own risk AND
- 2. That Ryan S. Crandall/Mobile Senior Fitness/Trainer/Coach shall NOT be held liable for CLIENT nor any other person/en ANY claims or causes of action whatsoever arising out of or deemed connected at any possible level with the services of R Crandall/Mobile Senior Fitness/Coach AND
- That Client hereby releases and discharges Ryan S. Crandall/Mobile Senior Fitness/Trainer/Coach from any such claims or even vaguely related to movement/coaching/fitness/exercise or ANY advice from Ryan S. Crandall/Mobile Senior Fitness/Trainer/Coach.
- 4. I hereby grant irreversibly Ryan S. Crandall/Mobile Senior Fitness/Trainer/Coach the rights to use and reproduce any and a photographs, video/audio clips taken for me in future newsletters, website, brochures, pamphlets or other publications for promotion of Ryan S. Crandall. Your information will NOT be sold to other parties.
- 5. By Signing, my client
- 6. have read and understood all possible risks and accept full responsibility.

| Name:      |  |  |  |
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| Signature: |  |  |  |
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| Email:     |  |  |  |
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| Phone:     |  |  |  |
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| Date:      |  |  |  |
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## **Client Service Agreement**

- 1. It is understood that there will be a FULL CHARGE for missed or cancelled training sessions unless there is 24 hours of no given.
- 2. I understand this is a mobile personal training service and is NOT a medical service and this is NOT a physical therapy ser
- 3. All sessions purchased in advance must be used within 6 months and hold no value after that.
- 4. I acknowledge and agree to the preceding terms in exchange for training/coach/consultation and related services.

| Client  | Name: |
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| Signatı | ire:  |
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| Date:   |       |
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