

## Walking/Running Program Liability Sheet

1. In consideration of being allowed to participate in the personal fitness training activities and programs of My Pace Fitness, LLC and Mary Coulthurst (MC) and the use of her services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge My Pace Fitness, LLC and MC from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of My Pace Fitness, LLC and MC or others acting on her behalf, arising out of or connected with my participation in any activities, programs, or services of My Pace Fitness, LLC and MC, or the use of any equipment at various sites, including home, provided by and/or recommended by My Pace Fitness, LLC and MC.

(\_\_\_\_\_ Please initial)

2. I have been informed, understand, and am aware that strength, flexibility, and aerobic exercises, including the use of equipment, are potentially hazardous activities. I also have been informed, understand, and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using the equipment and machinery with full knowledge, understanding, and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(\_\_\_\_\_ Please initial)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, and the use of exercise equipment. I also acknowledge that it has been recommended that I have yearly or more frequent physical examinations and consultations with my physician as to physical activity, exercise, and the use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in any activities, programs, and use of equipment.

(\_\_\_\_\_ Please initial)

4. I understand that My Pace Fitness, LLC and MC's provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgment, representation, or indication of my physiological well-being, or a medical opinion relating thereto.

(\_\_\_\_\_ Please initial)

5. Photo Release: I grant to My Pace Fitness, LLC and MC, its representatives, and employees the right to take photographs and videos of me, to copyright the material, and use and publish the same in print and/or electronically. I agree that My Pace Fitness, LLC and MC may use such images of me with or without my name and for any lawful purpose, including for illustration, advertising, social media, and web content.

(\_\_\_\_\_ Please initial)

I Agree: \_\_\_\_\_  
Client's signature
Print Name
Date

Authorized representative – Mary Coulthurst

