



WESTMINSTER

**PERSONAL TRAINING
ACKNOWLEDGMENT OF RISK AND RELEASE**

Participant Name (Please Print) _____

Trainer Name _____

Please read this form carefully and be aware in registering yourself for participation in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

This activity, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still substantial risk of injury.

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, property damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have a result of participating in the program against the City of Westminster and its officers, agents, servants, and employees.

I further agree to indemnify and hold harmless and defend the City of Westminster and its officers, agents, servants, and employees from any and all claims by other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the above program details, waiver and release of all claims and shall not be modified orally.

I acknowledge that I will be required to pay my personal training fee if I do not cancel any scheduled training sessions with my trainer with a 24 hr notice. (Please initial)_____

Participant Signature _____ Date: _____