

*Training Solutions*

**ACKNOWLEDGMENT AND WAIVER OF LIABILITY**

I, the undersigned, hereby state that I am in good health and am physically qualified to participate in the exercises and associated physical activity of any and all personal training sessions.

I, expressly acknowledge the strenuous level of physical activity involved in the training session and waive any and all claims against Training Solutions and/or any employee/ consultant of Training Solutions for any accident, injury, a disability which may arise in the course of instruction or result from my participation.

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Date

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Signed