



## Sadoway Conditioning Waiver

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

### **Agreement of Release and Waiver Liability**

I, \_\_\_\_\_ hereby agree to the following:

1. I understand that it is my responsibility to consult a physician prior to and regarding my participation in any group training and use of fitness equipment with **Sadoway Conditioning**.
2. In consideration of being permitted to participate in any group or fitness activity or in using any cardio or weight equipment. I agree to assume full responsibility for any risk of injuries or damages, known or unknown, which may occur as a result of participation with **Sadoway Conditioning**.
3. In further consideration of being permitted to participate or use equipment, I knowingly voluntarily and expressly waive any claim I may have against **Ryan Sadoway and Sadoway Conditioning** for any injuries or damages that may result in participation of the program.
4. Heirs, my legal representatives, forever release or I waive, discharge and covenant negligence or other acts.

**I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I DO SIGN IT VOLUNTARILY. I AGREE TO PARTICPATE KNOWING THE RISKS AND CONDITION INVOLVED AND DO SO ENTIRELY ON MY OWN FREE WILL.**

**REGISTRANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If registrant is under 18, a legal guardian's authorization is required:

**AS LEGAL GUARDIAN, I CONSENT TO THE ABOVE TERMS AND CONDITIONS:**

**GUARDIANS SIGNATURE** \_\_\_\_\_

