

MedFit Education and Training Center WAIVER AND RELEASE OF ALL CLAIMS BY PARTICIPANT for Minor

with r the se from	services of METC, I release and forever discharge METC or trainers o	Fit Education and Training Center (METC). In consideration of using f METC ("RELEASEES") from any and all responsibilities or liability om or connected with my participation in any of the fitness exercise
1.	I acknowledge and fully understand that I will be engaging in exercise and training activities that potentially involve the risk of serious injury, permanent disability or death. Other possible risks may include social and economic losses which might result not only from the RELEASEES own actions, inactions or negligence, but the actions, inactions, or negligence of others, the condition of the private or public premises or any equipment. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.	
2.	further acknowledge and understand that METC, its personal trainers and other employees are not licensed dieticians or physicians nd that any information or guidelines provided by METC, its personal trainers or other employees carries no warranty of any kind, xpressed or implied, including, but not limited to, warranties regarding safety or suitability for a particular purpose.	
3.	METC and its employees will implement the most effective principals to help the participant achieve his or her goals within their scope of practice, but cannot guarantee that its products or workouts will be safe, effective or suitable for everyone. For that reason all such products, services, programs, techniques and materials embodied in such products and services, are offered without warranties or guarantees of any kind, expressed or implied, and METC and its employees disclaim any liability, loss or damages that may result from their use.	
4.	I understand that a physician's approval is highly recommended p the METC Consent Acknowledging Risks form.	rior to participating in any fitness exercise program. I have signed
5.	fitness exercise programs. I understand the risks and benefits of t to my satisfaction. Upon participation, I do hereby discharge, rele	he programs and any questions I may have had have been answered ase and hold harmless METC, their employees, including trainers lity for damage claims or losses of any kind or character whatsoever
6.	This agreement applies not only to any and all physical injuries bu property relating to my participation in METC's fitness exercise pr	•
7.	This agreement is intended to be broad and inclusive and shall be California. If any portion of this agreement is held invalid, it is agreence and effect.	
8.	This document and the accompanying METC Informed Consent coagreement exists between the parties and no representations, ve	· ·
read a	gning this Waiver and Release of All Claims by Participant, I acknowl and understand the contents of this document, and that no oral re- going written agreement, have been made. I also agree, for myself als and that they are binding.	presentations, statements, or inducements, apart from the
 Paren	nt or Guardian Signature for Minor	 Date