

**PERSONAL TRAINING WAIVER & RELEASE FORM**

I understand that there is a certain amount of risk associated with any physical activity, and both benefits and risks associated with any exercise program, and hold Andrew M. Coffin, ACSM-CPT harmless for my activities.

If applicable, I have obtained medical clearances needed to use the equipment and/or start an exercise routine. I agree that if I engage in any physical exercise or activity, including the use of any equipment, I do so entirely at my own risk. I agree that I am voluntarily participating in these activities as set by my personal trainer. I assume all risks of injury, illness, or death. In addition, Andrew M. Coffin, ACSM-CPT is not responsible for any loss of my personal property.

This waiver and release of liability includes, without limitation, all injuries that may occur as a result of: (a) my use of all amenities and equipment in the facility and my participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment and (c) instruction, training, and supervision.

I acknowledge that I have carefully read this “Waiver and Release” and fully understand that it is a release of liability. I expressly release and discharge Andrew M. Coffin, ACSM-CPT from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against Andrew M. Coffin, ACSM-CPT for personal injury or property damage.

**I have read this waiver:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**If Applicant is under 18 years of age, Signature of Parent or Guardian:**

I hereby consent to my child’s in physical activity as described above. I acknowledge that I have carefully read this “Waiver and Release” and fully understand that it is a release of liability. On behalf of myself and my child, I expressly release and discharge Andrew M. Coffin, ACSM-CPT from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that my child or I may otherwise have to bring a legal action against Andrew M. Coffin, ACSM-CPT for personal injury or property damage.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_