



Release & Waiver of Liability

You, the **CLIENT**, acknowledge an assumption of risk and full release from liability of **SPY FITNESS LLC**, 8900 E Pinnacle Peak Rd., Scottsdale, Az. 85255

CLIENT acknowledges that Pilates and Personal Training service programs include participation in strenuous physical activities, including, but not limited to Pilates equipment, mat Pilates, various aerobic conditioning machinery and equipment training offered by **SPY FITNESS LLC**. (The "PHYSICAL ACTIVITIES")

CLIENT acknowledges these **PHYSICAL ACTIVITIES** involved the inherent risk of physical injuries or other damages, including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/upper back/tendon/joint/foot injuries and other ailments, illness soreness or injury however caused, occurring during or after **CLIENT'S** participation in the **PHYSICAL ACTIVITIES**. **CLIENT** further acknowledged that such risks include, but are not limited to injuries caused by negligence of an instructor or other person, defective or improperly used equipment, over exertion of **CLIENT**, or an unknown health problem of **CLIENT**.

CLIENT agrees to assume all risk and responsibility involved with the participation in the **PHYSICAL ACTIVITIES**. **CLIENT** affirms that **CLIENT** is in good physical condition and does not suffer from any disability that would prevent or limit participation in the **PHYSICAL ACTIVITIES**. **CLIENT** acknowledges participation will be physically and mentally challenging and **CLIENT** agrees that it is the responsibility of **CLIENT** to seek competent medical and other professional advice, regarding any concerns or questions involved with the ability of **CLIENT** to take part in the **PHYSICAL ACTIVITIES**. By signing this Release and Waiver of Liability, **CLIENT** asserts that he or she is capable of participation in the **PHYSICAL ACTIVITIES**. **CLIENT** agrees to assume all risk and responsibility for not exceeding his or her physical limits. **CLIENT**, on behalf of **CLIENT**, his or her heirs, assigns, and next of kin, agrees to fully release **SPY FITNESS LLC**, as well as any of its owner, employees, or other authorized agents, including independent contractors, from any and all liability, claims and/or any litigation actions that **CLIENT** may have for injuries, disability or death, or other damages of any kind, including, but not limited to punitive damages, arising out of participation in **PHYSICAL ACTIVITIES**, even if caused by negligence, gross negligence, intentional acts or omissions, and/or other type of fault of **SPY FITNESS LLC**, its owners, employees, or other authorized agents, including independent contractors.

Client Name

Date

Client Signature

Guardian Name

Guardian Signature

Email

Phone

City

State