



## WAIVER

\_\_\_\_\_ (the “Participant”) have agreed to participate in True Fit You fitness classes, including: Bootcamps, Personal Training, Small Group Training, Fit To The Core, and Restorative Care. The activities of these classes include strength training, running, agility drills, jumping, intense cardiovascular activities and flexibility training.

Acknowledgment is hereby made that the activities of the class will require me to spend time outside in the heat. I further acknowledge that there are risks involved in participating in the fitness class. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, my physical condition, equipment, actions of other people including, but not limited to, participants, volunteers, and lack of hydration. In consideration of me being accepted into the program, I agree to release and discharge True Fit You, and Dalia Dissanayake in cases injuries are sustained by me as a result of participation in this program.

I agree to indemnify and hold harmless, True Fit You, and Dalia Dissanayake against any liability incurred as a result of such injury or loss. Fitness activities and programs require that I be in good health and have no condition that could endanger my well-being through participation. I will notify Dalia Dissanayake of any such defects in writing prior to enrolling in this program.

The undersigned agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of myself and my successors.

### **Non – Compete**

I the “Participant” agree that any information obtained by participating in True Fit You about it’s program, policies, or structure cannot be used as a basis upon which to develop or have a third party develop a competing or similar product.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_