

rEvolution Wellness Services Inc.

Client ID	
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HEALTH AND FITNESS WAIVER

CLIENT INFORMATION

Last Name	First Name	Middle Initial
Phone (Home)	Phone (Work)	Email

rEvolution Wellness Services Inc. provides a rigorous cardio training regime designed to achieve a full workout of all major muscle groups. The Client must complete and sign the **Health and Fitness Statement prior to purchasing a membership**. The Client represents that he/she is in good health without physical impairment and has a **physicians approval to participate**. Client is urged to obtain periodic physical examinations and seek medical advice from qualified medical service providers in the event of injury or any other health concerns that are present or may arise. If a client has had serious problems prior to attending classes such as Cardio Pulmonary Disease and or High Blood Pressure or other systematic conditions, the client will be asked to have a **written permission slip from his or her doctor**. At which time rEvolution Wellness Services Inc. would be most pleased to relinquish all content and elements of an incremental exercise regime, beginner level to advanced, to aide in your practitioner's decision.

rEvolution Wellness Services Inc. is not responsible for any injury, including death, or loss of property to any person suffered while on the premise or participating in the use of its facilities for any reason including but not limited to the utilization of any equipment or playing, practicing or spectating of any activity occurring in or about its premises.

All the information given on both the Health and Fitness Statement and the Waiver shall remain the property of rEvolution Wellness Services Inc. for the duration of your membership. This shall remain confidential and kept in a secure location on premise. Upon termination of a client's membership, these documents will be released to you, upon request. If you fail to request these forms, and or will be joining periodically you may keep these on file at our premises.

rEvolution Wellness Services Inc. reserves the right to revoke membership for non compliance with rules posted from time to time of rEvolution Wellness Services Inc, and reserve the right to revoke membership for inappropriate behavior as determined by the unilateral discretion of rEvolution Wellness Services Inc. Termination of membership automatically prohibits the member from use of the facilities; Monies paid are deemed earned whether the member attends and on termination, member is only entitled to monies paid in advance of the termination. The member is not entitled to any refunds for missed sessions or if terminated, unless payment in advance has been made, at which time, refund for time subsequent to termination shall be refunded.

Members whom resign on their own volition for any reason whatsoever forfeit all monies paid and relinquish all access and privileges associated with membership.

THE CLIENT HERBY AGREES AS FOLLOWS

The Client acknowledges that, by use of exercise facility or services by **rEvolution** Wellness Services Inc. he/she is pursuing an exercise regime prescribed by on premises Trainer, employee, or exercise program, designed to achieve a full workout of all major muscle groups, and that there are inherent risks associated with such training.

Initial _____

The Client acknowledges that the use of exercise equipment provided could cause injury or may contribute to or cause adverse health issues. The Client is voluntarily participating in these activities and assumes all risks of injury or adverse health consequences that might result directly or indirectly from such use.

Initial _____

The Client represents that he/she is in good health without physical impairment or ailment or any medical conditions that may or should limit his/her ability to participate in physical training exercises.

Initial _____

The Client agrees to immediately notify **rEvolution** Wellness Services Inc. of any changes to his/her physical, mental, or health conditions that may or should affect his/her ability to participate in physical training exercises administered by **rEvolution** Wellness Services Inc. Should such changes arise, or upon the request of **rEvolution** Wellness Services Inc., the Client agrees to provide a written consent from their physician to participate in the **rEvolution** Wellness Services Inc. Program(s), in a form to be approved by **rEvolution** Wellness Services Inc.

Initial _____

The Client acknowledges and agrees that their membership will be suspended from the date such request is made by **rEvolution** Wellness Services Inc, until such time as they provide their physicians consent. During the suspension of their membership, the Client may not work out, and any missed sessions will be forfeited.

Initial _____

The Client herby waives any claims against **rEvolution** Wellness Services Inc., its shareholders, directors, officers, members, trainers, employees, agents or members for any injury or adverse health conditions howsoever arising from the use of the equipment, exercise regime, instruction, training, services. The exculpatory clauses herein shall be binding on the heirs, administrators and assigns of the client.

Initial _____

The Client agrees to hold harmless **rEvolution** Wellness Services Inc., its owners, members, agents, or employees from any liability, loss of theft of personal property.

Initial _____

Clients Signature

Date