

# Sawtooth Fitness LLC Program Waiver Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

When was your last medical checkup? \_\_\_\_\_

Do you know of any other reason why you should not do physical activity? Yes or No

(if yes, please explain) \_\_\_\_\_

## Sawtooth Fitness LLC Program Waiver and Release Form

### Sawtooth Fitness LLC Program Policies:

- Each participant must sign a waiver and questionnaire to be kept on file and will be confidential between Sawtooth Fitness LLC and the participant
- Payments received are non-refundable. Missed sessions can only be made up in Week 7 Bonus Sessions

### Assumption of Risk for Participation in Sawtooth Fitness LLC Program

Because physical exercise can be strenuous and subject to risk of serious injury, Sawtooth Fitness LLC and staff urge you to obtain a physical examination from a doctor before participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. You agree that you are voluntarily participating in these activities and assume all risks of injury, illness, or death. You acknowledge that you have carefully read this waiver and release form and fully understand that it is a release of liability. You expressly agree to release and discharge Sawtooth Fitness LLC or any of its staff from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may bring a legal action against Sawtooth Fitness LLC or staff for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Participant's Name: \_\_\_\_\_

Participant' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not delivered in person, email Waiver Form to: [THINK@sawtoothfitness.com](mailto:THINK@sawtoothfitness.com)