



## **Client Release of Liability Form**

1. In consideration of being allowed to participate in the personal fitness, holistic fitness training activities and any services, equipment, consultations, programs of Julie Rammal and/or JSport, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Julie Rammal, JSport, its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, use of equipment, programs or services, including online consultations and services, of Julie Rammal and JSport at your premise or other locations, including home, provided by and/or recommended by Julie Rammal and JSport. (PLEASE INITIAL: \_\_\_\_\_)

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, movement, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness and movement activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (PLEASE INITIAL: \_\_\_\_\_)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities and services or use of equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise, fitness, holistic, movement activities, programs, services, and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise, fitness, holistic, movement activities, consultations, services and programs and use of equipment and props without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

(PLEASE INITIAL: \_\_\_\_\_)

4. I understand that Julie Rammal and JSport providing and maintaining an exercise/fitness, holistic fitness or movement program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto. (PLEASE INITIAL: \_\_\_\_\_)

5. I understand that Julie Rammal may touch me to assist you in an exercise, movement, or stretch. Her touching assistance is used only to correct you, help you feel and understand a certain concept. I understand that Julie Rammal and JSport do not diagnose illness or disease and do not prescribe medical treatment or pharmaceuticals, and her services, advice, consultation can not replace a doctor or health care professional.

I understand that touching is not a substitute for medical care and that it is recommended that I work with my primary

caregiver for any condition such as pains, aches, injuries that I may have. I understand that all touching is non sexual in nature and will only be used when needed. (PLEASE INITIAL: \_\_\_\_\_)

Please select and initial one:

**I do not want to be touched during session . (PLEASE INITIAL: \_\_\_\_\_)**

**I accept to be touched during my session. (PLEASE INITIAL: \_\_\_\_\_)**

**I have stated all my known physical conditions, pregnancy, operations and surgeries, medications, supplements, and will keep Julie Rammal and JSPOORT up to date on any changes via email [info@jsport.co](mailto:info@jsport.co) .** There will be no liability on Julie Rammal and/ or JSPOORT shall I forget to do so.

(PLEASE INITIAL: \_\_\_\_\_)

Julie Rammal and JSPOORT, officers, agents, employees, representatives, executors and all others acting on their behalf will not be held responsible from any and all claims including: liabilities for injuries or damages to my person and/or property. **(PLEASE INITIAL: \_\_\_\_\_)**

By signing this release, I hereby waive and release Julie Rammal and JSPOORT from any and all liability, past, present, and future relating to personal training, holistic training, movement, exercise, all consultations, all services, including online consultations and services, and touching. I understand that Julie Rammal and JSPOORT conduct personal and online services always with good faith. **(PLEASE INITIAL: \_\_\_\_\_)**

I understand that Julie Rammal and JSPOORT will be booking clients on a monthly basis only (Monday through Friday). I understand that all sessions are 50 minutes. All sessions should be paid in advance or at the start of the first session, service, consultation (online or in person), and if I need to cancel an appointment, I am subject to a fee equal to the cost of the missed appointment. If Julie Rammal or JSPOORT has availability she will try her best to accommodate your session by offering an online personal training session but is not obliged to. **(PLEASE INITIAL: \_\_\_\_\_)**

**In understand that this agreement will be for present, past, and future services, consultation, including online by Julie Rammal and JSPOORT (PLEASE INITIAL: \_\_\_\_\_)**

**Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_.

**Client Signature:** \_\_\_\_\_.

**Trainer Name:** Julie Rammal \_\_\_\_\_.

**Trainer's Signature:** \_\_\_\_\_.