

# RELEASE OF LIABILITY



I wish to participate in the activities and programs of Peter Yapp (Fit2Day)  
ABN 92 822 597 984

I understand that:

- a) Portions of the exercise and training program may occur outdoors
- b) Exercise carries some risk including, without limitation, risk to the musculoskeletal system and to the cardio respiratory system

In consideration of Peter Yapp agreeing to provide training and fitness activities and programs, I release Peter Yapp, its employees and representatives from any and all responsibilities or liability from injuries or damages resulting from or ancillary to my participation in any activities or my use of the equipment.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury or death, and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I agree to expressly assume and accept any and all risk of injury or death.

I further declare myself to be physically sound and suffering from no condition, impairment, disease, or other illness that would prevent my participation in exercise programs or use of equipment.

I acknowledge that I have been informed of the need for a physician's approval for my participation in and exercise of fitness activity or in the 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 and training equipment, so that I might have his/her recommendations concerning these fitness activities and equipment use.

I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in the activity and use of the equipment without the approval of my physician and assume all responsibility for my participation in activities, and utilisation of equipment in my activities.

Finally, I acknowledge and agree that no warranties or representatives have been made to me by any representative of Peter Yapp regarding the results I will or may achieve from any program conducted by Peter Yapp. I understand that results are individual and may vary.

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

Trainer Name: \_\_\_\_\_ Trainer Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_