



# S U C C E E D

PERSONAL. TRAINING. EVOLVED.

## WAIVER, RELEASE, CONSENT AND ACKNOWLEDGMENT

### Identification of Risks

I understand that participation with Succeed, LLC and in its Programs (the “*Programs*”) may involve risk of injury, disability and death, and perhaps damage to property.

### Assumption of Risk

I understand that before beginning or changing any exercise program, it is recommended that I consult with my physician. I am physically and psychologically ready to participate in the *Programs* and assume all risks connected with my participation in the *Programs*. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the *Programs*.

### General Release of Liability

I release and discharge Succeed, LLC and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the *Programs*, **whether or not caused in whole or part by the negligence of any of the organizations or individuals mentioned above.** I intend for this waiver and release to apply to any state or federal claim, whether arising under statutory or common law. I intend for this waiver also to be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage.

### Consent to Medical Treatment

I agree that Succeed, LLC (including their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) may, but has no duty to, provide me, through medical personnel of their choice, customary medical or training assistance, transportations, and emergency medical services.

### Acknowledgment

In order to assess my fitness to participate in the *Programs*, it may be necessary for me to disclose to Succeed, LLC certain health information, either directly or indirectly. I acknowledge that in providing this information to Succeed, LLC, or any of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns, that I have no expectation that this health information will be kept confidential and private. I acknowledge that Succeed, LLC assumes no duty to maintain or protect the confidentiality of my health information.

*I have read this waiver, release, consent and acknowledgment, and understand that I have given up substantial rights by signing it. I am signing this waiver, release and consent voluntarily.*

Signature of Client:

Date:

Signature of Parent or Legal Guardian:

Date:

CLEAR FORM

SUBMIT