



## LIABILITY WAIVER

I, \_\_\_\_\_, agree and acknowledge that  
(Steele Fitness Client Name)

I will be engaging in activities which may cause personal injury. I agree to assume all responsibility for any personal injury that may occur. I hereby authorize Steele Fitness trainers to act on my behalf, if I am unable to do so, and to the best of their ability in an emergency requiring medical attention. Emergency contact information is provided below.

I will assume personal responsibility for all damages following an injury. I furthermore agree not to hold Steele Fitness responsible for any injury which might occur during my participation in any and all activities associated with personal fitness training provided by Steele Fitness trainers.

\_\_\_\_\_  
Steele Fitness Client Signature

\_\_\_\_\_  
Date

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Relationship to Steele Fitness Client: \_\_\_\_\_

Dr. Name and Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number/Group Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_