



LIABILITY WAIVER

I, _____, agree and acknowledge that
(Parent/Guardian)

my child, _____, will be engaging in activities
(Steele Fitness Client Name)

which may cause an injury. I, as Parent/Guardian, agree to assume all responsibility for any injury that may occur. I hereby authorize Steele Fitness trainers to act on my behalf 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 child's participation in any and all activities associated with personal fitness training provided by Steele Fitness trainers.

Parent/Guardian 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: _____

