

Stanley Porter Personal Training Release of Liability Form

I hereby expressly consent to my use of Stanley Porter's fitness training services. I acknowledge that such participation will necessarily involve engagement in exercises that may be physically demanding and may subject me to stress, anxiety, physical injury and other possible hazards. I understand that the activity involves inherent risk of INJURY. I voluntarily agree to expressly assume any and all such risk which may result from the activity, or which are in any way related to my participation in the activities prescribed by Stanley Porter.

I represent that I am in satisfactory physical condition to participate in the aforementioned exercise activities. I authorize any person connected with the activity to administer any and all available first aid to me, as they deem necessary. I further authorize medical transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

I, _____, hereby release Stanley Porter from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, injuries or strains to the heart, muscles, bones, or joints. This agreement is governed by the laws of the state of Massachusetts.

I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT. I VOLUNTARILY AGREE TO ITS TERMS.

Signature of Participant Date of Birth

Date

Signature of Parent/Legal Guardian (If Participant is under 18)

Date

In the Event of an Emergency, Please Provide Contact Phone Number