

**Wellness Coaching Waiver
Total Customized Fitness**

The following Client Liability Release must be provided, and agreed upon in writing, by any client of engaging in services (paid or pro-bono) provided by the Certified Wellcoach:

In consideration of my being allowed to receive wellness coaching services from a Certified Wellcoach, and, in that process, to be coached in fitness, nutrition, weight management, stress management, and/ or health risk management, I do hereby waive, release, and forever discharge Wellcoaches Corporation and its officers, agents, independent contractors, employees, representatives, executors, and all others from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of fitness equipment or any other equipment or machinery arising out of my participation in any activities under such coaching.

I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of wellness coaching. I understand that as a part of the wellness coaching I may be coached to, or it may be suggested that I, participate in fitness activities, e.g., exercise, aerobic training, strength training, flexibility training, etc., that could be potentially hazardous. I also understand that such activities involve risks of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I further understand that my Certified Wellcoach is an independent contractor and not an agent of Wellcoaches Corporation. I do hereby further acknowledge that I have either had a physical examination and have been given a physician's permission to participate or that I have decided to participate in activity and or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility and risks of injury or death from such participation and activities. I understand that I can revoke this authorization at any time and that will result in ending my coaching engagement. I agree to the liability waiver terms and conditions listed above for participation in the Wellcoaches Corporation coaching program.

Client Name: _____

Signature: _____ Date: _____

Address: _____ Birthdate: _____

Phone: _____ Text: Y/N

Email address: _____