



WAIVER OF LIABILITY

I hereby release PTPOST, LLC and any of its employees or contractors from any and all claims, liabilities and actions related to physical fitness, rehabilitation and/or personal training that may be sustained by me during my association with said parties.

I understand that I am participating in personal training, that exercise has certain inherent risks and I enter into this program voluntarily.

Client Name _____

Signature _____

Trainer _____

Date _____

PTPOST, LLC 24-Hour Cancellation Policy

Because your appointment time has been reserved especially for you, clients are required to give PTPOST a minimum of 24 hours notice when cancelling an appointment, which at that time can be rescheduled at no charge. Sessions cancelled with less than a 24-hour notice will be charged the full session rate.

Signature: _____

Date: _____