

SCHOOL OF STRENGTH, LLC DBA SCHOOL OF STRENGTH KETTLEBELL BOOT CAMPS

1. In addition to this form, Client will be required to sign and return the following forms to School of Strength prior to receiving a Personal Consultation, Training Program Design, or beginning any Personal Training program:
 - a. Waiver, Release, and Assumption of Risk Form
2. If you have any of the following physical conditions, you may be required to have a Medical Clearance and Physician's Consent Form:
 - a. Hypertension (>145/95 mm Hg)
 - b. Hyperlipidemia (cholesterol >220 mg/dl or a total cholesterol-to-HDL ratio of >5.0)
 - c. Diabetes
 - d. Family history of heart disease prior to age 60
 - e. Smoking
 - f. Abnormal resting EKG
 - g. Any other condition that School of Strength in its sole discretion may deem to present an unreasonable risk to your health, were you to participate in a fitness evaluation or program.
3. Unless other arrangements are made, Personal Training sessions, and Program Design explanations (these services herein individually and collectively referred to as "sessions") last approximately sixty minutes. In order to provide the best service to all Clients, School of Strength cannot commit to extending any particular session beyond its previously scheduled time.
4. Rates for School of Strength services are subject to change. Services prepaid for by Client, which are unused at the time of any rate change, will be honored at the price already paid.
5. Time slots are available on a "first-come, first-served" basis by appointment. Sessions, whether purchased as part of a package, must be paid for when the 1st appointment or consultation is booked. Client may schedule prepaid sessions in advance.
6. In order to provide the best possible service to all Clients, School of Strength asks that all Clients be ready to begin their session at the scheduled time. Time lost at the beginning of a session due to a Client's tardiness cannot be made up at the end of the session as that could potentially impact the next scheduled Clients. Unless prior arrangements have been made, a Client will be deemed a "no-show" when they are fifteen minutes late for an appointment. No refunds or credits will be given for "no-shows".
7. Regarding cancellations:
 - a. If Client receives credit for a missed session, the credit must be used within 60 days of the missed session, or it will be waived.
 - b. If School of Strength needs to cancel a scheduled session, Client will receive credit for such session.
8. Payment is due in full at the time the first appointment for a session is booked. School of Strength accepts cash and checks made payable to School of Strength. All sessions purchased are non-refundable and expire if unused 6 months from the date of purchase.
9. All Training Programs/Routines are the property of School of Strength and may not be removed from the premises, copied or distributed without the expressed written permission of the owners
10. Clients are required to observe any and all rules of the gym or facility where workouts take place, if applicable.
11. Clients have the right to adjust a particular exercise or workout at any time. You are in control of your workouts! If an exercise is uncomfortable or painful, or if you want to stop the exercise for any reason, you may do so. If a particular exercise is painful for you to do or you have an injury or other limitation that makes it difficult for you to do, School of Strength will substitute another exercise to work that particular muscle group.
12. You will get from your workouts what you put in. Results will vary by individual and frequency of sessions and School of Strength cannot and are not making guarantees of specific results related to participation in this

program. Client acknowledges that Client is responsible for their decisions regarding whether or not to exercise consistently, eat properly, rest enough, and live a healthy lifestyle.

13. School of Strength respects your privacy. Due to the nature of our services, it is necessary to collect certain personal information from Clients. All information collected is treated as STRICTLY CONFIDENTIAL, and School of Strength will not share or redistribute your information with any third party except as necessary to provide services purchased by the Client, or as required by law. Any information gathered from a Client is simply for our records and, if applicable, necessary to provide the services to the Client for which we have been contracted.
14. That the terms and conditions of this policy and attached waiver (hereinafter “agreement”) shall be construed according to the laws of Indiana and any action to enforce this agreement or arising out of this agreement shall be brought in the courts of Marion County, Indiana.
15. That the School of Strength shall be entitled to all costs of collection for the collection of the bill or fees for services provided under this contract including, but not limited to, attorneys’ fees, court costs and interest attributable at the current statutory rate.
16. All Terms and Conditions are subject to change. The most current version of these Terms, Conditions, and Policies will be posted at www.kettlebellbootcamps.blogspot.com.

Client’s Signature Date

Please print name

Parent or legal guardian (if participant is under age eighteen) Date

Waiver, Release, and Assumption of Risk Form
For School of Strength LLC dba School of Strength Kettlebell Boot Camps

I, _____, have volunteered to participate in a fitness program provided to me by School of Strength (“Trainer”), which may include, but is not limited to, resistance training and aerobic or cardiovascular exercise(s). In consideration of Trainer’s agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer and his respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician’s consent prior to beginning this fitness program with Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate. I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER OR SCHOOL OF STRENGTH, LLC FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to see counsel from an attorney of your choice to ask for clarification prior to signing it.

Participant’s signature _____ Date _____

Please print name _____

Parent or legal guardian (if participant is under age eighteen) _____ Date _____

Please print name _____

