



Full Circle Training
Guest Waiver

Welcome to Full Circle Training Center!

Name: _____ Training Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone : _____

Email: _____

Referred By: _____

I, the undersigned hereby agree to participate in an exercise class, training session, or use the gym offered by Full Circle Training. I understand there are inherent risks in participating in a program of strenuous exercise. I warrant and represent that I am in acceptable health and that I have given any physical limitations by a physician that would prevent me from participating.

I agree that Full Circle Training shall not be held liable or responsible for any injuries to me or illnesses from my participation in any exercise or training program, and I expressly release and discharge Full Circle Training and its employees and agents from all claims, actions or judgments.

I have read this release and agreement and I understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature

Date

Print Name

Signature of Representative of The Full Circle Training Center