Lionheart Fitness Liability Waiver and Release Form

Participant Informa	ation: Name	:	Email:Emergency Contact Phone:		
Date of Birth:	Name:	Phone Number:	Emergency Contact Phone:		
Acknowledgment of	f Risk and V	Vaiver of Liability			
martial arts training a but is not limited to,	nt Lionheart is strength train cipation in the	Fitness, operated by ning, cardiovascular nese activities carrie	, acknowledge and understand that participation in fitness are Sonia Greco, involves physical activity, which may include training, martial arts techniques, and self-defense exercise inherent risks, including but not limited to, muscle strains	le, s.	
I voluntarily assume to the following term		ociated with my part	ticipation in training sessions at Lionheart Fitness and agree	9	
physician or lincluding but	I am physica nave chosen not limited t	to participate at my	exercise and martial arts training. I have consulted a own risk. I have disclosed any relevant medical conditions respiratory issues, joint problems, or any other medical afely.	,	
from any and	hold harmles all claims, d	ss Lionheart Fitness, lemands, causes of a	s, Sonia Greco, employees, trainers, contractors, and affiliate action, damages, or liabilities arising out of my participation ch injuries are caused by negligence or other circumstances	n	
I understand control of the	Assumption of Risk I understand and accept that engaging in fitness and martial arts training may involve risks beyond the control of the instructor, including equipment failure, other participants, and unforeseen incidents. I voluntarily assume all such risks and responsibility for any potential injuries.				
purposes, inc	ssion for Lio luding but no	nheart Fitness to use of limited to social n	te photos or videos taken during training for promotional media, websites, and marketing materials. (Check one)		
5. Code of Con I agree to foll	I agree to follow all safety guidelines, listen to instructor directions, and conduct myself respectfully. I understand that failure to comply with gym policies may result in termination of my training without a				
I have read an	Acknowledgment of Terms I have read and understand this waiver, and I voluntarily sign it, acknowledging that I am waiving legal rights. I certify that I am 18 years of age or older. If under 18, a parent or legal guardian must sign below.				
Participant Signatur	e:		Date:		
Parent/Guardian Sig	gnature (if u	nder 18):	Date:		

By signing this document, you acknowledge that you understand and accept the risks associated with training at Lionheart Fitness and waive any legal claims against the facility and its staff.