

Guest Waiver

I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge that the strenuous nature of the program and the risks associated with the participation in the program have been explained to me, including, but not limited to, risks of physical injury, abnormal blood pressure, heart attack and death.

Every hour session is 55 minutes or 25 minutes long. A 48-hours advance notice of cancellation is required or the member will be held responsible for the associated fees. The participating agent or Virtual Fitness 1, should be given reasonable time to fill in the time when a cancellation is requested.

I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the program, including, but not limited to, the negligence of a Virtualfitness1 representative at any time hereafter, from any and all demands, liabilities, caused or alleged to be caused in whole or in part.

I have read, understand this waiver, release, and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regards to this benefit. This waiver and release shall survive the term of any agreement with VirtualFitness1.

I certify that I am in good health and have been released to exercise by a medical professional

Name:

Emergency contact name and phone number:
