



## Liability Form

Top Shelf Training MEMBER / PARTICIPANT ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF Top Shelf Training MEMBER, OR IT'S EMPLOYEES, CONTRACTORS, OFFICERS, OR OWNER/S... PARTICIPANT ACKNOWLEDGES THESE PHYSICAL ACTIVITIES INVOLVES THE INHERENT RISK OF PHYSICAL INJURIES OR OTHER DAMAGES, INCLUDING, BUT NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, PULLS OR TEARS, BROKEN BONES, SHIN SPLINTS, HEART PROSTRATION, KNEE/LOWER BACK/FOOT INJURIES AND ANY OTHER ILLNESS, SORENESS, OR INJURY HOWEVER CAUSED, OCCURRING DURING OR AFTER PARTICIPANT PARTICIPATION IN THE PHYSICAL ACTIVITIES. Top Shelf Training MEMBER FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF AN INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF AN Top Shelf Training MEMBER, SLIP AND FALL BY Top Shelf Training MEMBER, OR AN UNKNOWN HEALTH PROBLEM OF Top Shelf Training MEMBER. Top Shelf Training MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY INVOLVED WITH PARTICIPATION IN THE PHYSICAL ACTIVITIES, Top Shelf Training MEMBER/PARTICIPANT AFFIRMS THAT Top Shelf Training MEMBER IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYSICAL ACTIVITIES. Top Shelf Training MEMBER ACKNOWLEDGES PARTICIPATION WILL BE PHYSICALLY AND MENTALLY CHALLENGING, AND Top Shelf Training MEMBER AGREES THAT IT IS THE RESPONSIBILITY OF Top Shelf Training MEMBER TO SEEK COMPETENT MEDICAL OR OTHER PROFESSIONAL ADVICE, REGARDING ANY CONCERNS OR QUESTIONS INVOLVED WITH THE ABILITY OF PARTICIPANT TO TAKE PART IN Top Shelf Training MEMBER ACTIVITIES.

BY SIGNING THIS LIABILITY FORM, Top Shelf Training MEMBER ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES. Top Shelf Training MEMBER AGREES TO ASSUME ALL RISK AND RESPONSIBILITY FOR NOT EXCEEDING HIS OR HER PHYSICAL LIMITS.

PARTICIPANT UNDERSTANDS PHOTOS OR VIDEO MAY BE TAKEN DURING THE COURSE OF MY INVOLVEMENT IN TOP SHELF TRAINING GROUP TRAINING/PERSONAL TRAINING CLASSES, WHICH MAY BE USED FOR PROMOTIONAL PURPOSES.

**PLEASE NOTIFY TRAINER OF ANY CURRENT OR PAST INJURIES.**

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***Date***

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***Name of Participant (print)***

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***Address (City, State, Zip Code)***

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***Phone Number***

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***Email Address***

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***Participant Signature***

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***Parent/Guardian Signature  
(If participant is under 18 yrs of age)***