

Evolution Fitness & Performance

Liability Waiver

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Evolution Fitness & Performance LLC.

Having such knowledge, I hereby release Evolution Fitness & Performance LLC., their representatives, landlord, agents, partners and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity or while on company premises in general (21690 Red Rum Drive, suite 102 through suite 121, Ashburn Va. 20147). I hereby assume all risks connected there with and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Printed Name: _____

Signature: _____ Date: _____

Trainer name: _____

Emergency Contact

Name: _____

Phone Number: _____