

# **ASD FITNESS, LLC**

## **Comprehensive Waiver, Release of Liability, Assumption of Risk, and Service Agreement**

### **Participant Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### **1. Scope of Activities**

This agreement applies to all ASD Fitness services including strength training, conditioning, HIIT, Spartan and DEKA-style performance training, kickboxing, yoga, mobility, personal training, nutrition coaching, workshops, on-site and off-site events, and competitions.

### **2. Assumption of Risk**

I understand that participation in fitness activities involves inherent risks including injury, cardiovascular events, equipment-related incidents, contact-related injuries, environmental hazards, and risks associated with high-intensity exertion. I voluntarily assume all risks.

### **3. Medical Acknowledgment**

I affirm that I am physically capable of participation. If I have any medical condition, including autoimmune disorders, cardiovascular conditions, pregnancy, chronic illness, or injury, I agree to obtain medical clearance if necessary and accept full responsibility for participation.

#### **4. Nutrition & Coaching Disclaimer**

Nutrition and coaching services are educational in nature and are not medical advice, diagnosis, or treatment. I accept responsibility for my health decisions.

#### **5. Release of Liability**

I release and hold harmless ASD Fitness, LLC, Andrea Dodd, employees, contractors, affiliates, and event partners from any claims of injury, illness, property damage, loss, or death arising from participation, except in cases of gross negligence or willful misconduct.

#### **6. Off-Site Events & Competitions**

I understand participation in third-party events may involve additional risks beyond ASD Fitness's control and I accept those risks.

#### **7. Emergency Care Consent**

I authorize ASD Fitness to seek emergency medical treatment if necessary and accept financial responsibility for any associated costs.

#### **8. Media Release**

I grant ASD Fitness permission to photograph and record me for promotional and marketing use.

Media Preference: Agree / Do Not Agree

## 9. Cancellation & Refund Policy

Personal Training requires 24-hour cancellation notice. Late cancellations or no-shows may result in forfeited sessions. Memberships and packages are non-transferable and non-refundable unless required by law. Event registrations are non-refundable unless canceled by ASD Fitness.

## 10. Minor Participant (If Under 18)

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to the minor's participation and agree to all terms outlined in this agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Acknowledgment & Signature

I have read and understand this agreement and sign voluntarily.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_