



1150 18th Street, NW  
Suite 130  
Washington, DC 20036  
(202) 775-9400  
[benchgym@aol.com](mailto:benchgym@aol.com)  
[www.benchgym.com](http://www.benchgym.com)

**Waiver and Release**  
**Informed Consent – *Physical Fitness Program***

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*IN CASE OF EMERGENCY, CONTACT:* \_\_\_\_\_ *Tel:* \_\_\_\_\_

1. On consideration of being allowed to participate in the personal fitness training activities and programs of Bench Personal Training and to the use of its facilities, equipment, and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharges Bench Personal Training, its assigns and agents, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs and services of Bench Personal Training, or the use of any equipment at various sites, including home, provided by and/or recommended by Bench Personal Training. (***Please initial:*** \_\_\_\_\_)
2. I have been informed, understand, and am aware that strength, flexibility, and aerobic exercises, including the use of equipment, are potentially hazardous activities. I also have been informed, understand, and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding, and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (***Please initial:*** \_\_\_\_\_)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, and use of exercise equipment. I also acknowledge that it has been recommended that I have yearly or more frequent physical examinations and consultations with my physician as to the physical activity, exercise, and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment. (***Please initial:*** \_\_\_\_\_)
4. I understand that Bench Personal Training's provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgement, representation, or indication of my physiological well-being, or a medical opinion relating thereto. (***Please initial:*** \_\_\_\_\_)

**Agreed Date:** \_\_\_\_\_

\_\_\_\_\_  
**Client's signature**

*By:* \_\_\_\_\_  
*Jon Ponce, Owner/Bench Personal Training*