



Training Participation Agreement & Liability Waiver

MYBODY COMPLEX NORTHFIELD LLC

193 Northfield Rd., Northfield, IL 60093

I, _____ (“Trainee”), am voluntarily participating in personal training with _____ (“Trainer”) at **MyBody Complex Northfield LLC**, located at **193 Northfield Rd., Northfield, IL 60093** (“Facility”).

1. Assumption of Risk

I understand that participation in personal training involves strenuous physical activity, including but not limited to weight training, cardiovascular exercise, stretching, high-intensity interval training, and use of fitness equipment. I acknowledge and agree that these activities carry inherent risks of injury, illness, or even death, which cannot be completely eliminated regardless of the care taken. I voluntarily choose to participate in training entirely at my own risk and assume all such risks, whether known or unknown, including risks that may arise from the actions, omissions, or negligence of MyBody Complex Northfield LLC, my Trainer, its owners, officers, employees, contractors, agents, or other participants.

2. Release of Liability

In consideration for being permitted to train at the Facility, I, for myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and hold harmless MyBody Complex Northfield LLC, my Trainer, and their owners, members, officers, employees, contractors, landlords, agents, affiliates, successors, and assigns (collectively, “Released Parties”) from any and all claims, demands, causes of action, damages, losses, costs, expenses, or liabilities of any kind arising out of or relating to any injury, illness, disability, death, or property damage that may occur as a result of my participation in training at the Facility, whether caused by

Trainee Initials: _____

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negligence, gross negligence, equipment failure, or otherwise, to the fullest extent permitted by law.

3. Indemnification

I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, liabilities, damages, losses, and expenses (including attorneys' fees) arising out of or related to my participation in training or my presence at the Facility.

4. Medical Clearance & Acknowledgment

I certify that I am physically fit to participate in personal training and have either consulted with a physician and been cleared to exercise, or voluntarily chosen to participate without such consultation, accepting full responsibility for my health, safety, and well-being. I acknowledge I am training entirely at my own risk.

5. Use of Premises & Equipment

I agree to use all equipment and facilities in a safe and responsible manner and to follow all instructions provided by my Trainer or Facility staff. I understand that failure to follow instructions or Facility policies may result in termination of my training sessions without refund.

6. Facility Use & Cleanliness

I agree to respect and maintain the cleanliness of the gym at all times, including wiping down equipment after use, returning weights to racks, properly placing used towels in the laundry hamper and disposing of trash properly. I understand that failure to follow these policies may result in termination of training privileges without refund.

Trainee Initials: _____



7. Parking Lot Disclaimer

I understand that MyBody Complex Northfield LLC and my Trainer are not responsible for any injury, damage, theft, or loss to vehicles or property in the parking lot, including but not limited to flat tires, broken glass, door dings, or accidents between cars.

8. Governing Law & Severability

This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois. If any portion of this Agreement is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

9. Entire Agreement

This document constitutes the entire agreement between the parties and supersedes any prior understandings, whether oral or written.

Trainee Initials: _____



EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone Number: _____

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN IT FREELY AND VOLUNTARILY.

Trainee Name (Print): _____

Trainee Signature: _____

Address: _____

Phone: _____

Email: _____

Date: _____

Trainer Name (Print): _____

Trainer Signature: _____

Date: _____

Trainee Initials: _____