



STRENGTH • MOBILITY • PERFORMANCE

ASSUMPTION OF RISK, WAIVER & RELEASE OF LIABILITY

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

Participant Name: _____

Date: _____

PARTICIPATION IN FITNESS ACTIVITIES

I voluntarily choose to participate in fitness assessments, personal training, exercise instruction, and related physical activities provided by **Myles Reed, an individual doing business as MR Method ("MR Method")**. Activities may include movement and fitness assessments, posture and gait observation, resistance and strength training, mobility and flexibility exercises, balance and stability exercises, conditioning, bodyweight exercises, and use of free weights, resistance equipment, cardiovascular equipment, and other fitness equipment.

ACKNOWLEDGMENT OF RISKS

I understand that physical exercise and fitness assessment involve inherent risks, both known and unknown. These risks may include muscle soreness and fatigue; strains, sprains, and other musculoskeletal injuries; slips, trips, falls, or loss of balance; injury involving exercise equipment or weights; dizziness, fainting, abnormal shortness of breath, or cardiovascular complications; aggravation of a pre-existing injury or medical condition; serious injury, disability, or, in rare circumstances, death. I understand that not all risks associated with physical activity can be anticipated or eliminated.

EXPRESS ASSUMPTION OF RISK

I knowingly and voluntarily assume the inherent risks associated with my participation in fitness assessments, personal training, exercise instruction, and related activities provided by MR Method. I understand that I am responsible for communicating pain, discomfort, unusual symptoms, injuries, health changes, physical limitations, or other concerns that may affect my ability to participate safely.

WAIVER & RELEASE OF LIABILITY

TO THE FULLEST EXTENT PERMITTED BY CALIFORNIA LAW, I RELEASE AND DISCHARGE MYLES REED, DOING BUSINESS AS MR METHOD, FROM CLAIMS FOR PERSONAL INJURY, PROPERTY DAMAGE, OR OTHER LOSS ARISING FROM ORDINARY NEGLIGENCE IN CONNECTION WITH THE FITNESS ASSESSMENTS, PERSONAL TRAINING, EXERCISE INSTRUCTION, EQUIPMENT USE, OR RELATED ACTIVITIES COVERED BY THIS AGREEMENT.

I understand that by signing this agreement, I am giving up certain legal rights, including the right to bring claims that fall within the scope of this release. **This release is not intended to release claims arising from gross negligence, recklessness, willful misconduct, intentional acts, or any other liability that cannot lawfully be released under California law.**

HEALTH & PARTICIPANT RESPONSIBILITIES

I represent that I have provided accurate information regarding health conditions, injuries, medications, symptoms, and physical limitations relevant to my participation. I agree to notify MR Method of significant changes to my health or physical condition and to stop exercising and inform my trainer if I experience pain, dizziness, unusual shortness of breath, faintness, or other concerning symptoms. I understand that MR Method may recommend that I obtain evaluation or clearance from an appropriate healthcare professional before beginning or continuing certain activities.

EMERGENCY CARE

If I become injured or experience a medical emergency while participating and I am unable to make decisions for myself, I authorize reasonable emergency assistance to be sought on my behalf. I understand that I am responsible for costs associated with medical treatment or emergency services provided to me, except to the extent otherwise required by applicable law.

SEVERABILITY

If any portion of this agreement is determined to be invalid or unenforceable, I intend for the remaining provisions to remain effective to the fullest extent permitted by law.

ACKNOWLEDGMENT

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, WAIVER & RELEASE OF LIABILITY. I UNDERSTAND THAT IT AFFECTS IMPORTANT LEGAL RIGHTS. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS, AND I VOLUNTARILY AGREE TO ITS TERMS.

Participant Signature: _____

Date: _____

Trainer/Witness Signature: _____

Date: _____

MR METHOD
Trust the Method.