

## Group Fitness Agreement

This [Group Fitness Agreement](#) (this "**Agreement**") is made by and between JustHuynh Inc. (the "**Owner**") and the person completing this Agreement (the "**Client**").

Congratulations on your decision to participate in an exercise program. With the help of your personal trainer, you greatly improve your ability to accomplish your health goals faster and safer.

### Group Fitness Terms and Conditions

1. This is a 3 month onboard membership with no obligation upon expiration
2. If a member wishes to cancel their membership before the 3 month obligation completes, the member will be charged remaining balance at the time of cancellation. Member must fill out cancellation form in the club where membership was originated

### Release of Liability and Assumption of Risk

I, the undersigned and Client, am aware of my own health and physical condition, and have knowledge that my participation in any exercise program may be injurious to my health. Having such knowledge, I hereby acknowledge and release any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith 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. In consideration of the permission to participate extended to me and for the services furnished to me I do hereby for myself, my heirs, spouse, children, unborn children, personal representatives, and agents release and forever discharge any and all claims, demands, actions or lawsuits on account of my injury or death that might occur as a result of negligence on the part of myself or other persons affiliated or not affiliated with this agreement.

### Acknowledgement of Health

I (the Client) declare myself physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in training sessions. I acknowledge I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity. I recognize it is my sole responsibility to obtain an examination by a physician prior to involvement in any exercise program. I acknowledge I have either had a physical examination and

been given my physician's permission to participate, or if I have chosen not to obtain a physician's permission prior to beginning this exercise program, and do so at my own risk.

**Video Release**

I consent to the recording and use of my image, likeness, voice and writings during the course of the fitness program, in any medium (the "Recordings"). I permanently and irrevocably assign any and all rights I may have to the Recordings to Owner.

I understand that Owner may use the Recordings for any purpose, including but not limited to advertising, marketing, promotions, publishing on websites and social media.

I explicitly agree that I am not entitled to any compensation or fees for any written content or media that I may share with Owner about the Program or my experiences with Owner, and that my sole consideration is my ability to participate in the fitness program.

\_\_\_\_\_  
Client's name (please print)

\_\_\_\_\_ Date: \_\_\_\_\_  
Client's signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian's signature (if Client under Age 18)