



Consent Form & Release of Liability

Please read the information below carefully and print and sign your name at the bottom of this form. By signing this consent, you are agreeing to the stipulations listed below.

I, _____, agree to participate in the BombergerPT.

I understand that BombergerPT programs are not medically supervised and that BombergerPT programs were developed for healthy people with no medical conditions or risks, either physical or psychological. I represent that I am in good physical condition and have no medical reason or impairment that might prevent me from participating in the programs. As such, I acknowledge that BombergerPT did not give me medical advice before this program, and will not give me any after the program, related to my physical condition and ability to participate.

I understand that participating in any BombergerPT program involves risk of injury to me, whether I or someone else causes it. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, such as catastrophic injuries including death. Also, programs may require that workouts take place in various locations, which can include, but is not limited to, trail runs, beach, and hills. In consideration of my participation in the activities offered by BombergerPT, I understand and voluntarily accept these risks and agree that BombergerPT, its officers, directors, employees, volunteers, agents and independent will not be liable for any personal, bodily, or mental injury, economic loss or any damage to me from the negligence of BombergerPT or anyone on BombergerPT's behalf or anyone present at workout location whether related to exercise or not. Further, I understand and acknowledge that BombergerPT does not manufacture fitness or other equipment used during workouts. I hereby assume full responsibility for any risk of bodily injury, death or property damage, arising out of or related to participation and/or instruction in BombergerPT programs, activities, or any related operations, whether foreseen or unforeseen and whether caused by the negligence of BombergerPT or otherwise. I have read this Consent Form and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and an unconditional release of all liability to the greatest extent allowed by the law. This Agreement is not effective until it is signed and dated. By signing below, I acknowledge and agree that I have read the foregoing and know of the nature of the activities performed in conjunction with BombergerPT and I agree to all the terms of this Agreement and that I have signed two copies, one of which that I will keep, the other to remain on file with BombergerPT.

Client Name _____

Date _____

Signature _____

Parent/Guardian Signature: _____ Date: _____