



P2 Personal Training

P2 Personal Training

324 Nicholas Pkwy W, Suite E, Cape Coral, FL 33991

Waiver & Release

Name _____ Date _____

Address _____

City, State, Zip code _____

Phone _____

I am aware that physical exercise is a calculated risk activity and that using P2 Personal Training and/or ASTRO-DURANCE® Bungee System products, any associated exercise equipment, personal and/or virtual training services, and any other facilities and related services offered by or in conjunction with P2 Personal Training, involves inherent dangers, including loss or damage to personal property and serious personal injury or death. I am aware of and understand the scope, nature and extent of the risks involved in the activities contemplated by this Release and Waiver. I voluntarily assume, and freely choose to incur and all such risks of loss, damage, or injury, including but not limited to the risk of harm caused in whole or in part by the unintentional conduct of P2 Personal Training including, but not limited to, of the P2 Personal Training employees.

User Signature _____ Date _____

Parent/Legal Guardian _____ Date _____