CRAZY FIT MAMA

Liability Waiver

I, _____, certify and acknowledge:

That Katy Brown, of Crazy Fit Mama, an independent personal trainer, has advised me prior to my commencement of participation in cardiovascular and resistance training programs that such participation could result in physical injury.

That I, ______, freely and knowingly assume the risk in such programs, and I hereby waive any right, claim, or cause of action against Katy Brown and release her and/or her company from any liability for any injury, cost, damage expense or claim, which I or anyone on my behalf might incur as a direct or indirect result of my participation in this cardiovascular and resistance-training program.

That I,	, have read this Liability Waiver form,
understand and agree with each of th	e foregoing points, and have received a
copy of this release form on this date	

Print Name: _____

Phone Number:	E-mail:		
	-		

Address:	City: _		State:	Zip:	
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Emergency Contact:	Phone Number:
Entergence, contracti	

Date of Birth: _____

Signature:		
-		

Date: _____