

LIABILITY WAIVER

Please carefully read the liability waiver as it will pertain to your participation in the services provided by Cotie Guzman Fitness.

As a client of Cotie Guzman Fitness, I acknowledge that there are risks associated with services provided by Cotie Guzman Fitness including, but not limited to, death or severe injury. I confirm to have no serious physical limitation or injury that would present any risk or further injury to myself or to Cotie Guzman Fitness and the services provided by Cotie Guzman Fitness.

I agree to assume all responsibility for injuries, damages or losses of any kind that I may sustain during my time utilizing services provided by Cotie Guzman Fitness. I agree to release Cotie Guzman Fitness from any liability claim, damages and/or losses that may arise while participating with the services provided by Cotie Guzman Fitness.

I understand that it is my full responsibility to disclose any and all health concerns, medications, injuries that are present, or may arise. I acknowledge that failure to communicate any health concerns, medications or injuries will directly impact Cotie Guzman Fitness and their ability to effectively provide their services. I acknowledge and accept that Cotie Guzman Fitness uses touch manipulation to enhance and educate clients.

I hereby accept my voluntary participation to the services provided by Cotie Guzman Fitness. I understand that I will be participating in activities where I can expect an increase in heart rate, increased perspiration, increased blood pressure, increase in respiration and general discomfort. I understand that the services provided by Cotie Guzman Fitness does not guarantee results whatsoever.

I acknowledge that I have read and understood the Liability Waiver and its intentions to release Cotie Guzman Fitness of any kind of any and all liability from damages or losses. I, the client, assume full responsibilities for all actions taken during my time with Cotie Guzman Fitness.

I, _____ accept the terms of the Liability Waiver set forth by Cotie Guzman Fitness. I am of sound mind and understand and accept all the terms of the Liability Waiver.

Client Signature: _____

Witness Signature: _____

Date: _____