

Strength Training Waiver and Release of Liability Form

Last Name: _____ First Name: _____ Client #: _____

I understand that if I engage in any physical exercises in the Inside Outside Strength Training Gym including the use of any and all machinery, equipment, and apparatus designed for exercising, it shall be at my sole risk.

I understand that this agreement to use, or selection of this exercise program, method and type of equipment shall be at my entire responsibility and that Charles B. Christian, Jr. M.D. dba Inside Outside Wellness Center & Medical Spa shall not be liable for any claims, demands, injuries, damages or actions arising due to injury to my person or property arising out of or in connection with the use by me of the services and facilities on the premises of Inside Outside Wellness Center & Medical Spa.

I hereby hold Inside Outside Wellness Center & Medical Spa, its offers, owners, agents and employees harmless from all claims which may be brought against them by me or on my behalf for any such injuries or claims.

I fully understand that I may injure myself as a result of my participation and I release Inside Outside Wellness Center and Medical Spa from any liability now or in the future, including but not limited to heart attacks, muscle strains, muscle pulls or tears, shin splints, heat exhaustion, knee or foot injuries, back injuries and any other illness, soreness or injury caused, occurring during or after my participation in exercise at Inside Outside Wellness Center & Medical Spa.

I understand that Charles B. Christian, Jr. M.D. is not a Physical Therapist or Rehabilitation Physician and does not have credentials which would allow him to provide Physical Therapy or Rehabilitation Services as part of the services he is offering me. None of his employees are credentialed to provide these types of services also. If injuries occur or medical problems are worsened by the exercises, prompt referral will be made to their Primary Physician or to Physical Therapy and/or Rehabilitation Professionals. Clients will be allowed to return to Inside Outside when cleared by these professionals.

I understand that these exercise services are not covered by Dr. Christian's Medical Malpractice coverage and should not be considered Medical Services and are not covered by Medicare or Insurance.

I understand that Dr. Christian maintains a Business Liability Policy which covers the exercise facility.

I affirm that I have read, understood and agree to the above:

Signature: _____ Date: _____

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