

TOP FITNESS POD

Client Information & Waiver and Release of Liability Form

Client Information:

Name: _____ Phone: _____

Address: _____

Email: _____

Previously tested with us

Recipient Name (if different than above): _____

DISCLAIMER: ANY INFORMATION DERIVED FROM THE BODY COMPOSITION TESTING IS NOT MEDICAL ADVICE. IN ORDER TO (BETTER) MORE COMPLETELY UNDERSTAND WHAT TOP FITNESS PODS' MEASUREMENTS MAY MEAN TO YOUR INDIVIDUAL HEALTH, YOU ARE ENCOURAGED TO SEEK THE ADVICE OF A QUALIFIED MEDICAL (PROFESSIONAL) PRACTITIONER.

WAIVER AND RELEASE OF LIABILITY

Client accepts and voluntarily assumes the risk of any such injuries, damages, or harm which may arise during, or result from, any activities of or services provided by Top Fitness Pod LLC, its employees, officers, agents or representatives.

Client agrees to waive, release, and discharge Top Fitness Pod LLC and Philip Parrow for any and all incidental or consequential damages, claims, or injuries, whether real or perceived, that may arise from the body composition testing or use of the information derived therefrom.

Client agrees to indemnify, hold harmless and not sue Top Fitness Pod LLC, its employees, officers, agents or representatives, from any and all liabilities or claims made as a result of participation in the body composition testing.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Date: _____

Print Name: _____ Signature: _____

If the Client is under the age of EIGHTEEN (18) years old on the date of the BODY COMPOSITION TESTING, I, _____, agree to the provisions above and the services provided to above named minor Client.

Guardian Signature: _____