

Liability Release

I, _____, have enrolled in the personalized eating for health and fitness program offered through Pivot Wellness LLC. I recognize that the program may involve strenuous physical activity including but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise and food counseling program. I acknowledge it is my responsibility to consult with my doctor and get his or her consent PRIOR to starting the program. I also understand I will have recommendations of healthy food options.

Ultimately, it will be up to me to decide what food changes to make and consult with my doctor before making those changes. I will not hold Pivot Wellness LLC or any affiliates of Pivot Wellness LLC responsible for any adverse effects caused from food or exercise modification recommendations.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the company, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of food or exercise modifications, additions, or recommendations.

I expressly agree to indemnify and hold the company harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I fully understand that I may injure myself, have allergies or other adverse reactions to foods, as well as physical changes resulting from altering my diet as a result of my enrollment and participation in this program and I, _____, hereby release Pivot Wellness LLC and its agents from any liability now or in the future for conditions, illness, or death as result of participation in this program.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Participant Signature)

_____ (Date)