

Training Session Waiver and Release

I hereby acknowledge and agree to the following terms in order to participate in the training session offered by [Name of Organizer/Trainer]:

- I certify that I am physically fit and able to participate in the training session and have not been advised otherwise by a qualified medical professional.
- I understand that participation in physical activities carries certain inherent risks and agree to assume all such risks, including but not limited to injury or illness.
- I voluntarily waive, release, discharge, and covenant not to sue [Organizer/Trainer Name], their employees, representatives, agents, or affiliates for any claims, causes of action, or liability for personal injury, illness, property damage, or wrongful death arising from participation in the training session.
- I grant permission for emergency medical care or transportation in the event of an accident or illness if deemed necessary by qualified personnel.
- I understand that this waiver and release agreement is binding upon me, my heirs, executors, administrators, and assigns.

I have read this waiver and release in its entirety, fully understand its terms, and voluntarily agree to its provisions.

Participant Name (Print):

Signature:

Date:
