



**Brent Hosking (Hoskofitness)**

**Training Agreement of Release & Waiver of Liability**

Date .....

I ..... hereby agree to the following:

I recognise that physical fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength, endurance training, cardiovascular conditioning and training, and other various fitness activities.

I represent and warrant that I am physically fit and have not medical condition that would prevent my full participation in the exercise classes. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the health and fitness exercises in Personal Training. In consideration of being permitted to participate in exercise programs I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

I fully understand that I may injure myself, as a result of my enrollment and subsequent participation in this program and I hereby release Brent Hosking from Hoskofitness and its agents from any liability now or in the future for conditions that I may obtain.

I, my heirs or legal representatives' forever release waive, discharge and covenant not to sue Brent Hosking for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

**If participant is under 18 years of age:**

As legal guardian of ..... I agree to the above terms and conditions.

**Signed:**

Participant or Carer/Parent signature: .....

Participant name: .....

**Participant**

Witness signature .....

Witness name .....

**Witness**

Brent Hosking  
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