



**LIGHTHOUSE**  
TRAINING & FITNESS

Release, Cancellation, Refund Policy

Complete the form below to register for any Lighthouse Training & Fitness program

**Name**

First Name

Last Name

**Email**

example@example.com

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Phone Number**

**Assessment date**

**Referred by**

**PLEASE READ CAREFULLY**

I am the person signing this release, I am 18 years old or older, and consent of my own free will to participate in Lighthouse Training & Fitness Services even though there may be some risk to me.

Lighthouse Training & Fitness Services include, but are not limited to, on-site studio training, therapeutic conditioning, virtual training, cardio prescriptions and fitness assessments. The Lighthouse Training & Fitness Services and this Release have been explained to me and my questions have been answered in a way that I understand. I know my own physical condition and physical limitations (things I should not do) and have either asked my doctor whether I can participate or have decided that I do not need to ask my doctor. I agree that I will immediately call my doctor if I need or think I need any medical change to the Lighthouse Training & Fitness Services. The Lighthouse Training & Fitness Services promote physical health and conditioning, but I understand that there may be some risk of injury to me, I AM WILLING AND BY SIGNING THIS RELEASE DO ASSUME ANY AND ALL RISKS INVOLVED OR ASSOCIATED WITH MY PARTICIPATION IN THE Lighthouse Training & Fitness SERVICES. This includes any risk related to the Associates I go to as part of the Lighthouse Training & Fitness Services and my use of any of the building and parking lots, facilities, services, and equipment.

I agree to indemnify and hold harmless Lighthouse Training & Fitness, its employees, officers, directors, contractors, subcontractors, agents and successors from any loss, liability, damage or costs, including attorneys' fees and court costs, that may incur arising out of or related to my participation in the Lighthouse Training & Fitness Services, whether caused by the negligence of Lighthouse Training & Fitness or otherwise. It is my express extent that this Release bind my family members, spouse, heirs, assigns, personal representatives and anyone else entitles to act on my behalf to the extent they act on my behalf, and is deemed as a release, waiver, discharge and covenant not to sue Lighthouse Training & Fitness . I agree that this Release shall be construed in accordance with the laws of the State of Indiana and that any mediation, suit or other proceeding related to this Release and any activities covered hereby must be filed or entered into only in Indiana and the federal or state courts of Indiana. Any portion of this release deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the release as a whole to the full extent authorized by law. I HAVE READ AND FULLY UNDERSTAND THE RELEASE AS SET FORTH ABOVE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I certify that I have signed under my own free will am suffering under no legal disabilities.

Knowing the above, I HEARBY FULLY RELEASE AND DISCHARGE Lighthouse Training & Fitness , ITS EMPLOYEES, OFFICERS, DIRECTORS, CONTRACTORS, SUBCONTRACTORS, AGENTS AND SUCCESSORS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, DAMAGES AND RIGHTS OF ACTION WHATSOEVER, BOTH IN LAW AND IN EQUITY, WHETHER CAUSED BY THE NEGLIGENCE OF Lighthouse Training & Fitness OR ITS AGENTS, AND ARISING OUT OF OR RESULTING FROM, WHETHER DIRECTLY OR INDIRECTLY, MY PARTICIPATION IN THE Lighthouse Training & Fitness SERVICES OR USE OF ANY OF THE BUILDINGS AND PARKING LOTS, FACILITIES, SERVICES, AND EQUIPMENT.

**DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.**

By my signature or eSignature below, I certify that I have read, fully understand and accept all terms of the foregoing statement. Please signify your acceptance by entering your full name in the box below.

**Waiver of Liability Signature**

I accept the terms listed in the agreement above

**Printed Name**

**Date**

Month Day Year

**Signature**

## Lighthouse Training & Fitness Cancellation Policy

1. If you need to change or cancel an appointment, we ask that you notify us at least 24 hours prior to the scheduled session to avoid being charged.
2. Changes and cancellations made less than 24 hours notice will be invoiced at the full session rate.

## Lighthouse Training & Fitness Refund Policy

Sessions and packages are final sales. No refunds will be made available.