



# WAIVER

## Waiver and Release of Claims and Liability (Adults 18 or older)

I, the undersigned, being aware of my own health and physical condition; and having knowledge that my participation in any exercises program may be injurious to my health, are voluntarily participating in physical activity with Cabada Training Systems LLC. Having such knowledge, I hereby release Cabada Training Systems LLC, their representatives, agents, and successors from liability for accident injury, illness, or death which may occur as a result of participating in the said physical activity. I hereby assume all risks connected there with and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

By participating in this activity, I release and promise not to sue Cabada Training Systems LLC, their coaches, representatives, agents, sponsors and any other people associated with Cabada Training Systems LLC.

I acknowledge that I have thoroughly read this form in its entirety and fully understand that it is a release of liability, by signing this document, I am waiving any right I or my successors might have to bring a legal action or assert a claim against trainer/coach for your negligence or that of your employees, agents, or contractors

Participant's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please print name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. PRINT 2. SIGN 3. PHOTO or SCAN  
PLEASE RETURN TO  
[cabadatrainingsystems@gmail.com](mailto:cabadatrainingsystems@gmail.com)