



400 Mill Street  
Historic Bristol, PA 19007  
Phone: 215-788-1414  
Fax: 215-788-1433  
info@pttransformations.com  
www.pttransformations.com

**TRIKKE™ TRAINING / RENTAL RELEASE OF LIABILITY**

This form is an important legal document. It explains the risks you are assuming by participating in Trikke training and/or similar physical activity. It is critical that you read and understand it completely. After you have done so, please print your name and information legibly and sign in the spaces provided at the bottom.

**Waiver and Covenant Not to Sue**

I have volunteered to participate in a program of physical exercise under the direction of Personal Training Transformations, LLC (PTT), which may include, but not be limited to, the use of a Trikke, Trikke instruction, training and/or rental. In consideration of PTT's agreement to instruct, assist, train and have use of their equipment, I do here and forever release, discharge, and hereby hold harmless Trikke, PTT, and their respective agents, heirs, assigns, contractors, and employees; other participants, and if applicable, any owners and lessors of premises used to conduct the event from any and all claims, demands, damages, rights of action or cause of action, present or future, arising out of or connected with my participation in this training or activity including any injuries resulting there from. If however, I observe any unusual significant hazards during my training or activity, I will remove myself from participation.

**Assumption of Risk**

The risk of injury involved in this activity is significant, including the potential for permanent paralysis and death, and while personal ability may reduce this risk, the risk of serious injury does exist. I acknowledge that the possibility of certain unusual physical changes during physical exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instances, death. I understand that as a result of my participation in this training or activity, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. Prior to participation in any physical activity or training program, it is advised that a full examination be given by my physician.

I hereby authorize any first aid or medical treatment deemed necessary in case of an emergency. I also authorize the attending medical personnel to execute on my behalf any permission forms and other appropriate medical documents and act on my behalf if I am not immediately available to do so.

**Acknowledgment and Agreement**

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or training in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program and/or activity. I understand that results are individual and may vary.

I agree to obey my instructor(s) and willingly agree to comply with the stated and customary terms and conditions for participation. I acknowledge that I have been given instructions and training on how to safely ride the Trikke. Part of that instruction is to always use a helmet, not to ride the Trikke down hills and never lean back on the Trikke or I will fall on my back.

*Please Print Legibly*

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Participant's Email \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT AND RELEASE ON BEHALF OF MINOR - MUST BE COMPLETED FOR ALL PARTICIPANTS UNDER 18 YEAR OLD**

I am the parent and/or legal guardian of the above named minor. I have read and understand this Release of Liability involves surrendering valuable legal rights of the minor and myself. I agree to be bound by all terms of this Release of Liability. I also give my consent to the participation in PTT's Trikke training, instruction and/or rental by the above named minor.

Guardian's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Guardian's Email \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy has been offered and Accepted  Declined  PTT Staff Initials: \_\_\_\_\_