

**RENO POWER HOUSE WAIVER**

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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WAIVER OF CLAIMS AND RELEASE OF LIABILITY  
READ CAREFULLY-THIS AFFECTS YOUR LEGAL RIGHTS

The Member signing below ("Member") desires to participate in fitness training with Reno Power House Fitness LLC ("RPH"), which training involves, among other things, intense weight training, cardio-vascular conditioning and endurance (the "Training"). Member acknowledges that the Training is very strenuous and is inherently dangerous. Member also acknowledges that training in close proximity with others as required by the Training, increases the risk of becoming infected with a communicable disease, including COVID-19.

1.
  - 1.
  - 2.

2.
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.
  - 7.

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_

I agree to these terms.

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**Sign your name below:**

Please read the [Electronic Records and Signature Disclosure](#)

I agree to use electronic records and signatures

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