# WAIVER 2026 MUAY THAI, KICKBOXING | PERSONAL TRAINING

WAIVER I, the undersigned, hereby acknowledge and understand that participation in personal training / fitness classes and related activities conducted by TeamAbidi, a service of Absolute Yas FZE LLC, involves certain risks and potential dangers. By signing this waiver, I voluntarily agree to participate in the training sessions and assume all risks associated with my participation.

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PARTICIPANT INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____City: _____

Phone Number: _____

Emergency Contact: Name: _____Emergency Contact Phone: _____

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**Assumption of Risk:** I acknowledge that I am voluntarily participating in the personal training classes provided by TeamAbidi. I understand that physical exercise, by its very nature, carries with it certain inherent risks, including but not limited to physical injury, strain, discomfort, and even the possibility of serious injury or death. I hereby assume all risks and responsibility for any such injuries or other medical incidents.

**Waiver and Release**: I hereby release, waive, discharge, and agree not to sue Absolute Yas FZE LLC, TeamAbidi, their employees, representatives, affiliates, or agents from any claims, demands, liabilities, rights, damages, expenses, and causes of action of any nature arising out of or in connection with my participation in the training sessions, whether caused by the negligence of Absolute Yas FZE LLC / TeamAbidi or otherwise.

**Medical Representation**: I represent that I am physically fit to participate in the personal training / fitness classes and have no medical condition that would prevent my safe participation. If I have any medical conditions or concerns, I have consulted with a healthcare provider and obtained clearance to participate.

**Consent to Medical Treatment**: I hereby consent to receive any necessary medical treatment resulting from my participation in the personal training / fitness classes and agree to bear all costs associated with such treatment.

**Photography and Video Release**: I understand that photographs and videos may be taken during training sessions for promotional purposes, including social media and marketing by Absolute Yas FZE LLC / TeamAbidi. I consent to the use of my image and likeness for such purposes:

[ ] **YES,** I agree to the use of my photographs and videos for social media and promotional purposes.

[ ] **NO,** I do not agree to the use of my photographs and videos for social media and promotional purposes.

**Acknowledgment:** I have read this Personal Training Session Waiver, understood its contents, and I agree to be bound by its terms.

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Participant Signature: _____ Date: _____

Parent/Guardian Signature:_____Date: _____
(if participant is under 18):