

PLEASE TAKE TIME TO REVIEW THIS DOCUMENT CAREFULLY

INFORMED CONSENT FORM

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

PROGRAMS REGISTERED:

DOES YOUR PHYSICIAN KNOW YOU ARE PARTICIPATING IN THIS EXERCISE PROGRAM?

In this agreement the term "fitness program(s)" shall include all activities, programs, events, workshops, retreats and services provided, active or non active, sponsored or organized by **LIVE LIFE FITT** but not limited to: yoga, aerobics, bootcamp (indoor/outdoor), dance, resistance/weight training, personal training, use of facilities, environments or strength training equipment provided, nutrition and dietary programs, personalized home programs, and all such other related activities.

I, _____ have enrolled in a program(s) of strenuous activity. I hereby affirm that I am in good physical condition and not suffering from illness or a disability that would prevent or limit my participation in this fitness program(s).

In consideration of my participation in this fitness program(s), I for myself, my heirs and assigns release **LIVE LIFE FITT**, its employees and owner from any claims, demands and causes of action arising from my participation in the fitness program(s).

I fully understand that I may injure myself as a result of my participation in this program(s) and I, _____ hereby **release LIVE LIFE FITT from any liability now or in the future** including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat injury, knee/lower back/foot/hip/shoulder/ spine injuries and any other illness, soreness, or injury however caused, **occurring during or after** my participation in the fitness program(s).

I am familiar with the proper use of the equipment. If not, I will make sure to gain proper knowledge of form and technique. I am aware that there are fitness instructors and staff available to answer any questions I may have as to the use and safety considerations of the equipment.

In entering this Agreement I am not relying on any oral, visual, or written representations or statements made by **LIVE LIFE FITT** with respect to the safety of fitness programs other than what is set forth in this Agreement.

I am aware that **LIVE LIFE FITT does not provide me** with any disability, accident, liability or medical insurance or compensation, should I become injured or cause personal injury or property damage to any third party while participating in fitness program(s).

I WILL INFORM THE INSTRUCTOR OF ANY PAIN WHEN PERFORMING ANY EXERCISE (INITIAL):

I HEREBY AFFIRM THAT I HAVE FULLY READ AND FULLY UNDERSTAND THE ABOVE INFORMATION (INITIAL):

Please indicate below any conditions that LIVE LIFE FITT must be made aware of prior to the start of any program. If you indicate "YES" to any of these conditions mentioned, or you condition is not noted, please explain so **LIVE LIFE FITT** may develop the best possible fitness program(s) for you.

- History of heart or lung problems, chest pain, Asthma or stroke
- Loss of balance as a result of dizziness
- Bone or joint problems, crepitus (clicking/tracking), locking
- High blood pressure
- Osteoporosis
- Recent surgery(laser included), explain:
- Difficulty with physical exercise, explain:
- Muscle, joint , back disorders
- Pregnant or within 6 months post partum
- Hernia
- Glaucoma and other eye, vision problems/disorders
- Herniated disc
- Hip, or other joint replacements
- ANY chronic illness or condition, explain:

ANY conditon not mentioned above needs to be recognized here. Please explain:

For any and all conditions you checked off above have you discussed in detail specifically with your doctor your involvement in this fitness program(s)? (initial):

PRINT NAME:

DATE:

SIGNATURE:

WITNESS:

