



Informed Consent and Liability Waiver Release for Participation in Made to Move Fitness Class

Made to Move
F i t n e s s

I am voluntarily participating in the Made to Move Fitness class conducted by Kimberly Biggs and other instructors. I recognize that the class requires physical exertion that may be strenuous at times and may cause physical injury, and I knowingly and freely assume all such risk, both known and unknown.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned class. I represent and warrant that I have no medical condition that would prevent my participation in the class. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the instructor immediately.

I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which I might incur as a result of participating in the class. In the event of injury or accident, I will not hold the facility, Kimberly Biggs, or other instructors teaching on behalf of Made to Move Fitness responsible for any and all costs associated with said injury or accident, holding all persons harmless for the duration of this class.

I have read the above waiver and release of liability, and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature **Date:** ____/____/____

Print Name: _____

Participant *Under 18 years of age:* _____

As parent or legal guardian of the participant under 18 years of age, I consent to the waiver as outlined above.

Signature of parent or legal guardian **Date:** ____/____/____

Printed name of parent or legal guardian

Contact Information: _____
Address

Phone #

Email