FITNESS PARTICIPANT DISCLOSURE AGREEMENT

This agreement is entered into between **Coach Jonathan “Fly” James-Smith** of **4.1.6. Max-P Fitness**, herein referred to as Coach and Company; and \_ \_ (fitness participant/client name), herein referred to as Participant; residing at:

\_ \_

(Participant’s Address)

1. Participant requests to participate in a fitness service offered by Coach and Company. As a condition of participation in the fitness program, Participant agrees to supply information concerning Participant, including Participant’s contact information (address, phone numbers, emergency phone numbers) and Participant’s physical and mental condition (Health Data) to Coach and Company.
2. Participant’s Health Data will be supplied to Coach and Company for the purposes of (i) assessing whether the fitness program is suitable for the Participant; (ii) outlining a fitness program for the Participant; and (iii) assessing the Participant’s fitness progress.
3. Coach and Company agrees to hold the Participant’s Health Data confidential except as may be required to disclose under any law or by order of a court, and except as stated below:
	1. Participant agrees that Coach may provide such Health Data to 3rd parties in a form that does not associate the Participant’s name or contact information with the Participant’s Health Data.
	2. Participant agrees that Coach and Company may use and publish such Health Data in connection with an assessment of the fitness program in a manner that does not associate the name or address of the Participant with the Participant’s Health Data.
4. Coach and Company agrees that the Participant’s contact information will not be used in a manner that subjects the Participant to solicitation for other products or services except those offered by Coach and Company.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach Signature

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Signature