



Medical / Injury Waiver Form (Minors) (Please Print Clearly)

Participant's Name: _____ Sex: Male Female
 Parent's or Guardian's Name: _____ Father Mother Legal Guardian
 Participant's Address: _____
 City: _____ State: _____ Zip: _____
 Participant's Birthday: _____ Parent's or Guardian's Email: _____
 Parent's / Guardian's Phone: () - _____ Emergency Contact Phone () - _____

Training, Diet and Nutrition Program Advisory

Focus Fitness offers Group Training, Personal Training, Fitness Camps and Sports Training programs that are designed to improve the overall cardiovascular and muscular health of the participants. These training programs involve vigorous exercise that may not be appropriate for all individuals given their specific health or medical condition. Focus Fitness may also offer diet and nutrition guidelines to help augment the physical conditioning program in the interest of reducing body fat or losing weight. All individuals should consult their physician or other medical professional prior to participating in any of the aforementioned training and/or diet and nutrition programs to ensure that these programs are appropriate, given each individual's personal health and medical considerations. In the instance that the participant is a *legal minor* (a person under the age of 18), the parent or guardian of the legal minor should consult with the physician on the minor's behalf to ensure that they may safely participate in said training and/or diet and nutrition programs.

Personal Waiver and Indemnity

I hereby verify and confirm, by my signature below, that I am the parent or legal guardian of the participating minor indicated above as the "participant", and have voluntarily enrolled and agreed to allow the participating minor to engage in the training, diet and/or nutrition programs provided by Focus Fitness. Furthermore, I certify that I have read and fully understand the Training, Diet and Nutrition Program Advisory, above. As stated in said Advisory, I fully acknowledge, affirm and agree that it is my sole responsibility to consult a physician or other medical professional on behalf of the participating minor prior to allowing said minor to engage in any physical training activity or diet and nutrition plan to ensure that said minor does not have any medical or other health consideration that would prohibit them from safely engaging in the Focus Fitness physical conditioning and/or diet and nutrition programs..

Furthermore, I fully understand that if I allow said minor to participate in any of Focus Fitness' physical conditioning or diet and nutrition programs without consulting with, or contrary to the advice of, a physician or other medical professional, I hereby assume and accept full responsibility for and hold harmless and indemnify Focus Fitness, its staff, contractors and ownership (hereafter and collectively referred to as *Focus Fitness*) from any liability, claims, demands, and cause of action that may arise from any injuries and health or medical complications that may result from such participation.

Additionally, I acknowledge that even in the absence of specific health and medical considerations that would exempt said minor from participating in the physical training or diet and nutrition programs provided by Focus Fitness; said minor may still injure themselves as a result of the normal and assumed risk of physical exercise and exertion of any type. I additionally hold harmless and indemnify Focus Fitness from any liability, claims, demands, and cause of action that may arise from any injuries, health or medical complications that may be sustained during participation in Focus Fitness' training program as a result of the normal and assumed risk of injury associated with physical exercise of any type.

Parent/Guardian Signature _____ Date _____