



Potomac Wellness Group, LLC – Informed Consent Form & Waiver

Risks and Discomforts

During regular exercise/training, certain changes may occur. These changes include abnormal blood pressure responses, fainting, irregularities in heartbeat, etc. Every effort is made to minimize these occurrences. Our staff is trained in the most recent CPR/AED practices in case such an emergency does arise. There is a slight possibility of pulling a muscle or spraining a ligament during training. In addition, you may experience muscle soreness 24 to 48 hours after testing or a training session. These risks can be minimized by performing warm-up exercises and stretching prior to each session. **IF AT ANYTIME DURING TRAINING YOU FEEL YOU HAVE BEEN INJURED OR BECOME ILL, PLEASE CONTACT ONE OF OUR STAFF MEMBERS IMMEDIATELY!**

Freedom of Consent

Your participation in this clinic is strictly voluntary. You are free to stop at any point, if you so desire.

Waiver

“I, _____, have enrolled in an athletic training program of strenuous physical activity offered by Potomac Wellness Group, LLC. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.”

“In consideration of my participation in Potomac Wellness Group’s exercise program, I, _____, for myself, my heirs, and assigns, hereby release Potomac Wellness Group, LLC (it’s employees and owners), from any claims, demands, and causes of action arising from my participation in the conditioning program.”

“I fully understand that I may injure myself as a result of my participation in this program and I, _____, hereby release Potomac Wellness Group, LLC 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 exhaustion/stroke, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in these athletic training sessions.”

Name of Participant (Print)

Signature of Participant

Date

Name of Parent (Print)

Signature of Parent

Date



Potomac Wellness Group, LLC: Photographic Likeness Consent Form

Please Print Name: _____

By signing below, I give Potomac Wellness Group, LLC permission to use my photographic likeness, in promotional publications, educational publications, display and in other media.

I grant permission to Potomac Wellness Group, LLC to use, reproduce, distribute and/or publicize my photographic likeness. Publication, use and distribution of my photographic likeness may be by any means and without limit. Publication or use may occur in any media, including newspapers; magazines, television; brochures; pamphlets; instructional material; books; Internet, web pages, and educational material.

I acknowledge that I understand that Potomac Wellness Group, LLC intends to use my photographic likeness for educational and promotional purposes.

This agreement is binding on successors, assigns and/or heirs.

Signature _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

(Parent's signature is required for those under age 18; guardian's signature is required for legally incapacitated persons and for any minor for whom a guardian is appointed)