

**Fitness Training
Red Light & Sauna Use
Assisted Stretching**

Informed Consent Form

Please Print

Name of Participant (First and Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

INFORMED CONSENT FOR EXERCISE PARTICIPATION:

I desire to participate in an exercise / recovery program given by Janie Dale / KICK Kickboxing Gym. I understand the activities may be strenuous, and may require me to do body movement that I am not familiar with in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout my workouts, as well as throughout red light and sauna usage and assisted stretching sessions. Should any unusual symptoms occur, I will cease participation.

In signing this consent form, I affirm that I have read, accept and understand this for in its entirety and that I understand the nature of exercise. I know that there may be risks associated with fitness classes, red light and sauna usage, and assisted stretching, and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness classes, red light and / or sauna usage, and assisted stretching sessions, and to the extent that I deem advisable, I will consult a physician before participating in any of the activities.

AGREEMENT AND WAIVER / RELEASE OF LIABILITY:

In consideration for being allowed to participate in these activities, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability, Janie Dale, any guest instructors and all students for my death, disability, personal injury, property damage or property theft, or actions of any kind which may hereafter accrue to me in activities related to my training and recovery.

2. Indemnify and hold harmless KICK Kickboxing Gym, guest instructors, and any students, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in these activities.

Therefore, intending to be bound and as a condition of being allowed to participate in these activities, I have freely signed this waiver on the date indicated.

Participant Signature: _____ Date: _____

FOR YOUTH UNDER THE AGE OF 18:

Along with all consent factors listed above, I understand that my child will **not** be covered by liability insurance while working out in Janie's gym.

Parent / Guardian Signature (Required if under 18 years old): _____

Print Parent / Guardian Name: _____