



Health and Fitness Liability Waiver/Informed Consent Form

I, _____, have enrolled in a physical activity program, offered through **FamilyLife Fitness**.

I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition - do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program.

I acknowledge that my enrolment and subsequent participation is purely voluntary and is no way mandated by **FamilyLife Fitness**.

In consideration of my participation in this program, I, _____, hereby release **FamilyLife Fitness** and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrolment.

I fully understand that I may injure myself as a result my enrolment and subsequent participation in this program and I, _____, hereby release **FamilyLife Fitness** and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to foot, heat prostration, or any other illness or soreness that I may incur, including death.

PARTICIPANTS UNDER THE AGE OF 16

To the best of my knowledge, the above named child can fully participate in exercise. I am aware of the risks and hazards connected with exercise and my child hereby elects to voluntarily participate in exercise activities, knowing that the exercise and equipment may be dangerous to my child. I voluntarily assume full responsibility for any risk of loss, property damaged or personal injury that may be sustained by child or any loss or damage to property owned by me or my child, as a result of being engaged in exercise activities at Natural Path Fitness & Nutrition, regardless of who caused the incident.

Child(ren)'s Name: _____ Guardians Initials _____

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Participant's Signature _____ Date: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ CONTACT NUMBER _____