MACHON®FIT FORMS



MACHONBFIT HEALTH & FITNESS LIABILITY WAIVER/INFORMED CONSENT FORM

program. I recognize that the programuscle strength and endurance traactivities. I hereby affirm that my p	have enrolled in MachonBFit personalized health and fitness ram may involve strenuous physical activity including, but not limited to ining, cardiovascular conditioning and training, and other various fitness hysical condition is good and I do not suffer from any known disability of it my participation in this fitness program."
	t MachonBFit fitness professionals are not physicians and not trained in sis or any other type of medical advice.
	n in the health and fitness program, I release Machon BFit and its fitness nands, and causes of action as a result of my voluntary participation and
MachonBFit and I release MachonB conditions now or in the future for limited to, heart attacks, muscle str	e myself as a result of participation in any fitness program offered by Fit and its fitness professionals from any liabilities against any underlying conditions that I may obtain. These conditions may include, but are no ains, muscle pulls, muscle tears, broken bones, shin splints, heat prostrack, injuries to foot, or any other illness or soreness that I may incur, include
STATEMENTS AND I	T I HAVE READ AND FULLY UNDERSTAND THE ABOVE AM ENTERING INTO THIS AGREEMENT FREE AND ARILY WITHOUT FORCE OR COERCION.
	_ (Participant Signature)
	_ (Date)
	_ (MachonBFit Representative)



PHOTO & VIDEO RELEASE

video of me. I give MachonBFit the right t and all photos and/or video taken of me	and authorize MachonBFit full permission to take photos and/or to edit, alter, copy, exhibit, publish, distribute and make use of any in conjunction with MachonBFit marketing; not limited to social mmunications and websites for promotional use.
causes of action which I, my heirs, Represe	harmless, and release MachonBFit from all liability petitions, and entative, or any other persons may make while acting on my behalf. t I understand its content and that this release cannot be modified
Sign:	
Date:	
	PARENT OR GUARDIAN IF UNDER 18
Sign:	
Print:	