

## **Informed Consent for Exercise Participation, Waiver of Liability, and Limitation of Damages**

I desire to engage voluntarily in a fitness program instructed by Jana's Strength Studio in order to attempt to improve my physical fitness. I understand that activities are designed to place a gradually increasing workload on the cardiorespiratory system and to thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand the purpose of the program is to improve, develop and maintain cardiorespiratory fitness, muscular strength, and endurance. A specific exercise plan will be given to me in person for personal or group training and/or demonstrated for me for virtual training. The program is designed to place a gradually increasing workload on the body to improve overall fitness and will include cardiorespiratory activities as well as strength training utilizing strength training equipment.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the program, I agree to consult my physician and obtain written permission from my physician to participate in this exercise program.

Also, in consideration for being allowed to participate in the program, I agree to assume the risks of such exercise, and further agree to hold harmless my trainer Jana Seitz from any and

all claims suits, losses or related causes of action for damages, including but not limited to, such claims that may result from property damage, injury or death, accidental or otherwise, during or arising in any way from the exercise program. Jana Seitz shall not be responsible for any consequential damages caused by my participation in this program. To the extent Jana Seitz were ever held responsible for any damages related to my participation in this program, the amount of damages is limited by the total amount I have paid Jana Seitz for participation in the program. I am responsible for maintaining my own health and property insurance. I agree and acknowledge that Jana Seitz is not a medical professional, and I will not rely upon any information or advice she gives as if it were medical advice.

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Participant) (Date)

\_\_\_\_\_  
(Signature of Parent or Guardian, if minor)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_

