

Waiver & Assumption of Risk

INFORMED CONSENT FOR PARTICIPATION IN A LIVE 2 B HEALTHY® FITNESS TRAINING PROGRAM

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (“Programs”). I am fully aware of everything that is involved in the Programs, whether offered live or on-line, including the actions and activities I will be required to perform while participating in the Programs. I acknowledge (i) the nature of the risks of particular Programs in which I have chosen to participate and (ii) the strenuous nature of those Programs. I understand, among other things, the risks associated with physical injury, abnormal blood pressure, heart attack and even death, as well as the risks associated with any organization or individual involved in providing or promoting any classes, functions, Programs, testing, or other activities in which I participate.

I expressly acknowledge that I have consulted my physician before deciding to participate in the Programs or I have voluntarily chosen not to consult with my physician even though I have been advised to do so.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

- Chest pains while at rest and/or during exertion, previous heart attack, or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed

Waiver & Assumption of Risk (con't)

- Open cuts on my feet that do not seem to heal
- An unexplained weight loss ten (10) pounds or more in the past six (6) months
- More than 2 falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity

By signing this document, I expressly assume all risk for my health and well-being and expressly assume all other risks associated with participating in the Programs, including, but not limited to, the negligence of any organization or individual participating or involved in providing or promoting any of the Programs or any other classes, functions, testing, or other activities related to the Programs. I also hereby release, waive, discharge and covenant not to sue any provider, supplier or promoter of the Programs and any class instructor and any individual or entity providing, promoting or involved with the Programs or any other classes, functions, testing, or other activities related to the Programs in which I participate at any time, whether live or on-line, from any and all claims, lawsuits, demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing individuals or entities.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to the Programs in which I chose to participate. This waiver and release shall survive the term of any agreement related to such Programs.

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	
Emergency Contact Name	Emergency Contact Phone	