



## Release of Liability/Informed Consent

1. In consideration of being allowed to participate in the personal fitness training activities and programs of Function & Strength, LLC and to use its facilities, equipment, and services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge Function & Strength, LLC or its employees or contractors and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries of damages to my person and/or property, including those caused by the negligent act or omission of any activities, programs or services of Function & Strength, LLC or its employees or contractors or the use of any equipment at various sites, including home, provided by and or recommended by Function & Strength, LLC or its employees or contractors. (Please initial: \_\_\_\_\_)

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial : \_\_\_\_\_)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use exercise equipment. I acknowledge that either I have had a physical examination and have been given my physicians permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, program and use of equipment. (Please initial : \_\_\_\_\_)

4. I understand that Function & Strength, LLC providing and maintaining and exercise/fitness program for me does not constitute an acknowledgment, representation of indication of physiological well-being or a medical opinion relating thereto. (Please initial : \_\_\_\_\_)

Date: \_\_\_\_\_

Signature (Parent or Guardian if under 18) \_\_\_\_\_

Participant Name (Please Print) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Witness Signature \_\_\_\_\_