

B FIT 4 LIFE, L.L.C.

INFORMED CONSENT FORM

PHYSICAL FITNESS PROGRAM

Name: _____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:

I understand that this physical fitness program (the "Program") includes exercise to build the cardio-respiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercises in the Program may include aerobic activities (treadmill, walking, running, bicycle riding, swimming, etc.) and weight lifting to improve muscular strength, endurance and flexibility exercises which is intended to improve joint range of motion and general health.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those terms fully discussed on health history form).

DESCRIPTION OF AND ACKNOWLEDGEMENT OF POTENTIAL RISKS:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I understand and acknowledge that the trainers with whom I will be working are not licensed health care providers and do not possess a knowledge of medicine. I know and acknowledged that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks and I acknowledge that such activities of the Program may cause injuries which cannot be predicted. Use of the weight-lifting equipment may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedure are not followed or if I am prone to such injuries. I understand that trainer and B FIT FOR LIFE,LLC, as well as its owner(s), shall not be liable for any damages arising from personal injuries sustained by me while and during the Program. I understand that I will be using the exercising equipment during the Program does so at my own risk, and I assume full responsibility for any injuries or damages, which may occur during the training.

I hereby fully and forever release and discharge B FIT 4 LIFE, its owners, assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I state that I have had a recent physical checkup and have my personal physician's permission to engage in exercise and weight training.

I have read the forgoing information and understand it completely.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____
Dana M. Ward