

## Informed Consent Liability Waiver

I, \_\_\_\_\_ have agreed to participate in an exercise program. I waive any and all possibilities of personal damage which may result from participation in this exercise program now and in the future, and I accept full responsibility for requesting such an exercise program.

The possibility of certain changes does exist during exercise and fitness evaluations. Some of the changes include: abnormal breathing, abnormal blood pressure, fainting, irregular heart beats, and a very rare instance of heart attack.

Every effort will be made to minimize problems that may arise. I hereby acknowledge these risks. To my knowledge, I do not have any limiting factors, physical conditions or disabilities which would preclude an exercise program or fitness evaluation.

I have been informed that a Physician's approval has been suggested and recommended prior to participating in the exercise program or fitness evaluation. I understand the strenuous nature of this program and or fitness evaluation process.

I accept full responsibility for my health and well being in the voluntary exercise and fitness program. I full understand that no responsibility is assumed by the Personal Trainer, Administrators, the Facility, and the Owners.

I give my permission for Explosion Fitness Solutions to display my picture on their advertising materials such as, the website, brochure, marketing fliers.

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Please print client name

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Signature of Client

Date

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Signature of Witness

Date

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Signature of Guardian/Parent if under 18

Date

