



**LIABILITY WAIVER/INFORMED CONSENT FORM**

\_\_\_\_\_ “I have voluntarily enrolled in the personalized health and fitness program offered at F.A.M.E. STRENGTH. I recognize that the program may involve strenuous physical activity including, but not limited to muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary.”

\_\_\_\_\_ “In consideration of my participation in this program. I hereby release Joshua Mason, F.A.M.E. STRENGTH, or its trainers/agents from any claims, demands, and cause of action as a result of my voluntary participation and enrollment.”

\_\_\_\_\_ “I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release F.A.M.E. STRENGTH and its trainers/agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heart prostration, or any other illness, injury or soreness that I may incur, including death.”

\_\_\_\_\_ “I understand that this style of workout and workout class/session carries with it some risk and I acknowledge that risk. I have consulted with my Doctor to determine that my current health condition is fit for this type of workout. I assume all risks that are associated with the workout and the dangers associated with a fitness facility in general.”

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE**

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

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

(Participant Signature & Date) \_\_\_\_\_

(Parent or Guardian of Participant & Date) \_\_\_\_\_