

Waiver and Release of Liability/Informed Consent

I, _____, the undersigned participant, have voluntarily enrolled in a program offered by Health First Fitness, LLC. I hereby affirm that I am physically capable of participating in this program. The determination that I am physically capable of participating in the program has been made either by myself, based upon my past medical history, or in conjunction with my physician and was made prior to the commencement of the health/fitness program.

With respect to my representation of my physical fitness and capability of participating in the health/fitness program, I for myself, my heirs, successors and assigns, hereby waive and release Health First Fitness, LLC and any of its owners or managers from any and all claims of injury including, but not limited to heart attack, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and other illness or injury arising out of my participation in the exercise program. I fully understand that I may injure myself as a result of my participation in this program.

I, _____ as of the date of this agreement, agree that if my physical condition should change in any manner after this date, or if there is any reason to believe my condition is changed or may change after this date, I will promptly inform my health/fitness instructor and consult with my physician as to the advisability of my continued participation in this program.

Dated _____

Participant's Signature _____