

Informed Consent

I, _____, **do hereby consent** to participate in a physical fitness program that will include weight training and/or cardiovascular exercise offered by Ultimate Body Fitness. Because physical fitness can be strenuous and subject to risk of serious injury (including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and rare instances heart attack or death), it is urged that you obtain physical examination from a doctor before using any exercise equipment or participating in any exercise activity.

I understand that different people have different capacities for participating in the physical activity and for my choices to use or apply at my own risk, any portion of the instruction or guidance that I receive while participating in these physical activity.

I further understand that the possible risks involved in participating in these physical activity may include muscle, tendon, ligament, bone and joint soreness; muscle, tendon and ligament strain, tear or rip; bruising; skin laceration; tears, cuts or punctures; shortness of breath, dizziness, fainting, or unconsciousness; tightness in chest, bone breaks, discoloration, separations or fractures; fatigue; sweating; eye punctures; aggravation of an existing or past injury; discomfort or problem with any other injury; discomfort or physical problems associated with physical activity, and many other forms of physical discomfort.

I understand just as with other types of physical activity, that there are potential risks in physical fitness and accept all responsibility and waive any legal recourse against Ultimate Body Fitness and its instructors from any claims resulting from the personal fitness program and fully understand that it is release of liability.

I have read the above list of possible risks associated with my participation in the physical activities offered by Ultimate Body Fitness.

_____ (Initial)

I consent to taking all of the above noted risks by VOLUNTARILY PARTICIPATING in the physical activities of Ultimate Body Fitness.

_____ (Initial)

Cancellation Policy

Ultimate Body Fitness classes are non-refundable.

I declare that I have read, understand and agree to the contents of the CANCELLATION POLICY and the INFORMED CONSENT AGREEMENT in its entirety.

Signature: _____ Date: _____