

INFORMED CONSENT AND RELEASE FOR STRONG FOR LIFE DBA

I recognize that exercise is not without risk to the musculoskeletal system (sprains, strains) and cardiovascular system (dizziness, fainting, abnormal heart beat, discomfort in breathing, abnormal blood pressure and in rare instances heart attack and stroke). I hereby certify that I know of no medical problems that would increase my risk of illness or injury as a result of participation in an exercise program. I further understand that if I am at high risk for exercise (ie: heart disease, diabetes, hypertension, anorexia/bulimia, etc.) I will be required to secure a medical release and/or clearance from a physician prior to beginning an exercise program with Strong For Life, dba. I hereby release any and all trainers, owners or any other individual affiliated with Strong For Life, from any liability. I acknowledge that it is my responsibility to inform all health and fitness instructors affiliated with Strong For Life of any changes in my health status.

Dated this _____ day of _____, _____

Signature

Parents signature (if minor)
