

Informed Consent Waiver

I, the undersigned participant, am hereby enrolling in a program of strenuous physical activity including, but not limited to, aerobic/endurance activity, weight lifting, stationary bicycling, step and rowing machines, treadmill and the use of various aerobic conditioning machinery. I have been strongly encouraged to consult with my physician prior to starting an exercise program, or increasing the intensity of an existing program, indicated both in this document and verbally in consultation with my personal trainer, Robert Freschlin of Iron Lion Fitness LLC. I assume the responsibility, as indicated by my below signature, of all risk associated with the exercise program that I will engage in. It has been explained to me that no exercise program is without inherent risk of injury, and I fully understand that, if I choose to participate, I may experience possible minor or major injury, and even death. I hereby affirm that, to the best of my knowledge, I do not suffer from any condition that would prevent or limit my participation in the fitness programming of my personal trainer, and I have not withheld any related information regarding my current health condition.

In the event that, through the screening process with my personal trainer, I have been determined to be other than apparently healthy, I have been given a physician's release, as required by my personal trainer, to exercise. I am taking no medications that may adversely affect my fitness activities; and, with or without physician's restrictions, this information has been given to my personal trainer, verbally or in writing. In addition, I acknowledge that if my health changes or if I do not feel comfortable at any given time with any part of the fitness programming, it is my responsibility to recognize the change, inform my personal trainer and seek medical advice to help me decide if my continued participation in the fitness program, or any part of the fitness program, is still right for me.

By signing below, I acknowledge the following:

- My participation in this fitness program is completely voluntary, and I understand that my participation in this fitness program does not guarantee the achievement of my fitness goals
- I understand that physical risks are possible, but I believe that the benefits of this fitness program are greater than the associated risks
- I understand that certain physical touching, as is specific in respect to the exercise, may be necessary for the demonstration and correction of exercise technique and alignment
- I have been able to ask questions and receive answers to my questions from my trainer
- It has been recommended to me that I consult my physician regarding the implementation of this fitness program
- I have no health condition that would impair me from exercise; and, if that changes or if I experience any discomfort, I will notify my personal trainer immediately

I hereby affirm that I have read, have been honest and fully understand the above information.

x _____ Date: _____
Participant Signature

x _____ Date: _____
Trainer Signature