

INFORMED CONSENT

I, _____ desire to voluntarily engage in this fitness program in order to attempt to improve my level of physical fitness. I understand the exercises I will engage in while at HEALTHY CONCEPTS PERSONAL TRAINING, LLC, are designed to place a gradual increasing workload on the cardiovascular and musculoskeletal systems to improve their function. The reaction of both systems to such exercises changes, among others, might occur: ex, abnormalities of blood pressure or heart rate. All exercise activities are designed to place increasing workload on the body in order to safely improve overall fitness. Proper warm-up and cool-down will be performed regardless of the form of exercise, ex. Walking, jogging, cycling, aerobics class, or strength training. Among the primary factors determining my rate of progression are my exercise target heart rate, ex, the heart rate range which should not be exceeded throughout the exercise, and my perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout my personalized exercise program, fitness orientation, or working out individually. Should any unusual symptoms occur, I will cease my participation and inform the fitness staff of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the personalized exercise program, fitness orientation, and/or working out on my own. I also affirm that my questions regarding these programs have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in a personalized exercise program, fitness orientation, or individualized workout, I agree to consult my physician and obtain written permission prior to the commencement of ANY exercise program.

Also, in consideration for being allowed to participate in this fitness program at HEALTHY CONCEPTS PERSONAL TRAINING, LLC, I release representatives and its staff members conducting these programs from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise program, fitness orientation, or testing.

I agree that all use of HEALTHY CONCEPTS PERSONAL TRAINING, LLC shall be undertaken at my own risk, and that the studio and the buildings owner shall not be liable for any injuries, damages, or loss to myself, other family members, or guests, to be subject to any claim or demand for loss, injury or damages whatsoever, including without limitation, those damages resulting from intentional, reckless or negligent acts of omission on the part of HEALTHY CONCEPTS PERSONAL TRAINING, LLC owner, employees, officers, or agents. I, for myself, and on the behalf of my executors, administrators and assigns, do hereby expressly forever release and discharge HEALTHY CONCEPTS PERSONAL TRAINING, LLC, the building's owner, its successors and assigns, as well as its owner, officers, and agents, for all such claims, demands, injuries, damages, actions, or causes of action. I agree that HEALTHY CONCEPTS PERSONAL TRAINING, LLC shall not be responsible or liable to members or their guests for articles lost or stolen at the studio. HEALTHY CONCEPTS PERSONAL TRAINING, LLC shall not be liable for loss or damage to any other property of members of their guests, including their automobiles and the contents thereof.

Signature

Date