



## INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to engage voluntarily in an exercise program, fitness or training class or other activities (“Activities”) provided, supervised or designed given by Go Family Fit, LLC (“GFF”). I understand that the Activities are designed to place a gradually increasing workload on the body in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout my participation in the Activities and should any unusual or other symptoms occur, I will immediately cease my participation and inform the GFF staff of the symptoms. In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of the Activities. I know that there may be risks associated with the Activities and willingly accept those risks which include, but are not limited to, physical or psychological injury, pain, suffering, stress, illness, disfigurement, temporary or permanent disability, property damage or theft, economic loss and death. I know that it is my responsibility to ensure my own safety and wellbeing. I assume all risks associated with and take full responsibility for my participation in the Activities. To the extent I deem advisable, I will consult with a physician before participating in any of the Activities. I agree to pay all reasonable costs related to the Activities, including any medical costs I incur.

Therefore, intending to be bound and as a condition of being allowed to participate in the Activities, I have freely signed this consent on the date indicated.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (Required if under 18 years old): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

In consideration for being allowed to participate in the Activities, which I do freely and voluntarily for my own personal benefit, I hereby agree for myself, my executors, personal representatives, administrators, heirs, next of kin, predecessors, successors and assigns, to:

1. Waive, release and forever discharge Go Family Fit, LLC and its affiliates, owners, managing members, instructors, employees, students, agents, volunteers, heirs, predecessors, successors and assigns (“Releasees”), from any and all liabilities, claims, causes of action, damages, losses, costs and expenses, whether known or unknown, arising at any time, which relate to or arise from the Activities, including without limitation for (i) my death, disability, personal or psychological injury, pain, suffering, stress, illness, disfigurement or property damage or theft or economic loss; (ii) the actions or omissions of any of the Releasees (including their negligence, to the extent permitted by applicable law); or (iii) the conditions of the property or facilities where the Activities occur or my travel to such property or facilities; and

2. Indemnify and hold harmless Go Family Fit, LLC, and its affiliates, owners, managing members, instructors, employees, students, agents, volunteers, heirs, predecessors, successors and assigns, from any and all liabilities, claims, causes of action, damages, losses, costs and expenses, whether known or unknown, arising at any time, made by other individuals or entities as a result of/or relating to my participation in the Activities.

I affirm that I have read, accept and understand this form in its entirety and I understand and agree that by signing this form I am waiving my rights and assuming certain obligations as provided above.

Therefore, intending to be bound and as a condition of being allowed to participate in the Activities, I have freely signed this waiver on the date indicated.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (Required if under 18 years old): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_