



Informed Consent Waiver and Release for Fitness Program Participant

I, the undersigned participant, am hereby enrolling in a program of progressive physical activity including, but not limited to, strength training, running, jump roping, bicycling, swimming, running, and the various aerobic conditioning suggested by Smith Sports Training. 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 by Smith Sports Training. I assume this responsibility as indicated by my below signature and if I choose to, will act on this advice prior to the implementation of any recommendations made by Smith Sports Training. 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 this fitness program and have not withheld any related information from Smith Sports Training.

In the event that through screening, I have been determined to be other than apparently healthy, I have been given a physician's release, as required by Smith Sports Training to exercise. I am taking no medications that may adversely affect my fitness activities, and this release, with or without physician's restrictions, has been given to Smith Sports Training. In addition, I acknowledge that if my health changes, it is my responsibility to recognize the change 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.

In consideration of my participation in Smith Sports Training's fitness program, I, for myself, my personal representatives, administrators, heirs and assigns, hereby release Smith Sports Training, its Board, employees and agents, from any claims, demands, and causes of action, now or in the future, arising from my participation in the training/exercise program, including all injuries or damages that may result from any act or omission, negligent or otherwise. I understand that I am responsible for monitoring my own condition throughout exercise, and should any unusual symptoms occur, I will cease my participation and inform my trainer of the symptoms. I fully understand that I may injure myself as a result of my participation in Smith Sports Training's fitness program including, but not limited to: heart attack, muscle strains, pulls or tears, shin splints, knee/lower back/shoulder/foot injuries and any other illness, soreness, or injury however caused occurring during or after my participation in the fitness program. Any recommendation for changes in diet including the use of food supplements, weight reductions and/or other exercise enhancement products are your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes.

I hereby affirm that I have read, have been honest with Smith Sports Training, and fully understand the above information. I have been given the opportunity to present questions in all related matters.

Signature of fitness program participant

Printed Name

Date