



Informed Consent, Waiver and Release Agreement for Physical Fitness Activity

Client Contact Information: (Please include parent/ guardian name if under the age of 18)

Name: _____ Phone: _____

Full Address _____ Email: _____

In case of emergency, contact _____ Phone: _____

General Statement of Program Objectives and Procedures:

I understand that this physical fitness program (the "Program") includes exercises designed to build the cardio-respiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength, and flexibility), and to improve body composition (decrease of body fat with a possible increase in the weight of muscle and bone). Exercises may include aerobic activities (such as walking, running, jumping and squats), callisthenic exercises, plyometrics, resistance exercises and weight lifting. While the goal of the program is to achieve an improvement in fitness and health, there is no guarantee that participation in the Program will produce any specific results.

Description of Potential Risks:

I understand that participation in the program has certain risks of injury. I understand that the personal trainer, Shelli Main of Fitness On Fire NorCal in Santa Rosa, and her associates (substitute instructors, The New Vintage Church, including all Church affiliates and husband Rob Main) shall not be liable for any damages arising from the Program. Clients using the exercising equipment during the Program do so at his/her own risk. Clients assume full responsibility for all injuries or damages which may occur during the Program or be related to doing the Program.

I hereby fully and forever release, indemnify and hold harmless personal trainer, Shelli Main, Fitness On Fire NorCal of Santa Rosa, and its associates from all claims, demands, damages and rights of action. I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in the Program. I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning, resistance, endurance, and flexibility training.

I assign to Fitness On Fire NorCal any and all rights of ownership to the photographs/audio/video taken during Fitness On Fire NorCal activities, and agree that Fitness On Fire NorCal has full rights to use and publish the same in print and/or electronic format.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Client or **Parent/Guardian if under 18** _____ Date _____

Signature of Trainer _____ Date _____

Shelli Main, ACE Certified Personal Trainer, 707-696-9223, shellbell017@comcast.net

