

Salire Fitness Outdoor Boot Camps

I _____ have agreed to participate in *Salire Fitness' Boot camp(s)*, an outdoor and/or indoor fitness camp. The activities of *Salire Fitness Boot Camp(s)* include strength training, running, agility drills, jumping, intense cardiovascular activities and flexibility training. Acknowledgment is hereby made that the activities of the camp will require me to spend time outside in the heat, or cold and maybe at times inside as well. I further acknowledge that there are risks involved in participating in the *Boot camp(s)*. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, my physical condition, equipment, actions of other people including, but not limited to, participants, volunteers, and lack of hydration. In consideration of my being accepted into the program, I agree to release and discharge *Salire Fitness LLC* and any of its employees, contractors, volunteers and supervisors, *Salire Fitness Studio, Nolan V. Ferraro*; owners of the studio, from any injuries sustained by me as a result of participation in this program. I agree to indemnify and hold harmless, *Salire Fitness LLC*, and any of its employees, contractors, volunteers and supervisors, facilities and owners of *Salire Fitness LLC* against any liability incurred as a result of such injury or loss. Fitness activities and programs require that I be in good health and have no condition that could endanger my well-being through participation. I will notify *Salire Fitness LLC* of any such defects in writing prior to enrolling in this program. The undersigned agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of myself. I also acknowledge that I should consult my physician before starting/engaging in any fitness and/or exercise program, including but not limited to *Salire Fitness' Boot Camp(s)*.

Signature of participant: _____

Date: _____

Release of Liability

1. In consideration of being allowed to participate in a fitness assessment and personal fitness program provided by ***Salire Fitness, LLC*** and to use his facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Trainer and his agents, employees, representatives, executors and all others acting on his behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on his behalf, arising out of or connected with my participation in any activities, programs or services of Trainer or the use of any equipment provided and/or recommended by Trainer.

(Initials: _____)

2. I have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury regardless of severity or death.

(Initials: _____)

3. I do hereby further declare myself to be over the age of eighteen as of the date of signing this document, physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities, whether or not the activities require the use of any equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the fitness program. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

(Initials: _____)

4. I understand that all information and services provided by Trainer is of a general nature and is provided for educational purposes only. None of the information or services provided by Trainer is to be taken as medical or other health advice pertaining to any specific health or medical condition that I may have or have had. The information and services provided by Trainer is not a diagnosis, treatment plan, or recommendation for a particular course of action regarding my health and is not intended to provide specific medical advice.

(Initials: _____)

Signature

Printed Name

Date

I, _____, have volunteered to participate in a fitness program provided to me by ***Salire Fitness, LLC***, which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Trainer's agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer and his respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician's consent prior to beginning this fitness program with Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant's signature

Date

Please print name

Parent or legal guardian (if participant is under age eighteen) Date

Please print name

Informed Consent for Exercise Testing

This form is an important legal document. It explains the risks you are assuming by beginning an exercise testing program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

I hereby voluntarily give consent to engage in a fitness test. I understand that the fitness test will involve progressive stages of increasing effort and that at any time I may, at my sole discretion, terminate the test for any reason.

I understand that during some tests I may be encouraged to work at maximum effort and that at any time I may, at my sole discretion, terminate the test for any reason.

I understand there are certain changes which may occur during the fitness test. These changes could possibly include abnormal blood pressure, fainting, irregular or abnormal heart beat, and, in very rare instances, heart attack, stroke, and/or death.

I understand that every effort will be made to minimize problems by preliminary examination and questioning, and close observation during the entire testing process.

I understand that I am responsible for monitoring my own condition throughout the testing process, and should any unusual symptoms occur, I will immediately cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, dizziness, light headedness, and joint or muscle pain or injury.

Also, in consideration of being allowed to participate in the fitness tests, I agree to assume all risks of such fitness testing, and hereby release and hold harmless **Salire Fitness, LLC**, and their agents, contractors, and employees, from any and all health claims, suits, losses, or causes of action for damages, for any injury or death, including claims for negligence, arising out of or related to my participation in the fitness testing process.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Signature

Date

Please Print Name