



## Waiver of Liability and Informed Consent

“I, \_\_\_\_\_ have enrolled in a program of strenuous physical activity including but not limited to cardiovascular and resistance training, by Boot Camp for Health. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.”

“In consideration of my participation in the Boot Camp for Health program, I, \_\_\_\_\_ for myself, my heirs and assigns, hereby release Empowered Health, L.L.C. from any claims, demands and causes of action arising from my participation in the fitness program.”

“I fully understand that I may injure myself as a result of my participation in Boot Camp for Health’s program and I, \_\_\_\_\_, hereby release Empowered Health, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury however cause, occurring during or after my participation in the exercise program.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby affirm that I have read and fully understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date