

PHASE 2 FITNESS STRENGTH & CONDITIONING

INFORMED CONSENT FORM FOR PHYSICAL PROGRAM

MEMBER INFORMATION (Please print or type clearly)

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

D.O.B. _____ AGE: _____ GENDER _____

NAME OF EMERGENCY CONTACT: _____

PHONE NUMBER OF EMERGENCY CONTACT: _____

I _____ understand that this physical fitness program includes exercises to build the cardio-respiratory system, the musculoskeletal system, and to improve body composition. Exercise will be composed of constantly varied high intensity functional moves that will include but not exclusive to aerobic, anaerobic, gymnastic, (moving own body mass) and weightlifting. In consideration of being allowed to participate in said strength and conditioning program, I do hereby assume all risks of my involvement and do hereby covenant and agree not to bring legal action for damages, costs or expenses, should I sustain any injury, and do further release Christine Potoczny- PHASE 2 FITNESS STRENGTH & CONDITIONING, her employees or agents, administrators, heirs, successors and/or assign from all acts of active, passive or negligence on the part of Christine Potoczny- PHASE 2 FITNESS STRENGTH & CONDITIONING, her employees or agents, administrators, heirs, successors and assigns. I also agree to indemnify, - hold harmless and release Christine Potoczny- PHASE 2 FITNESS STRENGTH & CONDITIONING, her employees or agents, administrators, heirs, successors and /or assigns harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including actual attorneys fees, as a result of my involvement in said training program and to fully reimburse them for any such expenses.

I also hereby grant rights and use of any images, video or audio taken during training sessions to Christine Potoczny- PHASE 2 FITNESS STRENGTH & CONDITIONING. Images, video, and audio may be used on social media, website, internal, & external marketing materials, or other media at the discretion of Phase 2 Fitness Strength & Conditioning.

DATE: _____

SIGNATURE: _____

PRINTED NAME OF MEMBER: _____

PARENT SIGNATURE IF UNDER 18: _____