



Informed Consent Form

This form is an important legal document. It explains the risks associated with beginning an exercise 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.

Waiver and Covenant Not to Sue

I, _____, have volunteered to participate in a program of physical exercise under the direction of Shawn Manning, which will include, but may not be limited to, weight and/or resistance training. In consideration of Shawn Manning's agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Shawn Manning, and her respective agents, heirs, assigns, contractors, and employees and Lumina Fitness 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 therefrom.

Assumption of Risk

I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instances, death.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Shawn Manning, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

Participant's signature

Date

Participant's name

Guardian's Signature (if client is 18 years or younger)

Date

Participants Address (Street, City, State and Zip):

Participants Phone Number:

Email Address:

Birthday (month and day only):
