

Participation Authorization



I, _____ have enrolled in a group and or a personal training program of strenuous physical activity, including but not limited to, high-intensity interval training, weight training, planking, yoga and Pilates, concentration on the cardio vascular system, flexibility, assisted stretching, balance, coordination, muscle toning and endurance, using but not limited to an exercise ball, hand held weights, leg weights, resistance tubes and bands, kick balls and other sports related balls, medicine balls and yoga straps, toning balls and blocks, offered by Penelope Enterprises LLC/FitMamas. I am aware that participating in these types of activities, even when completed properly, can be dangerous. I agree to follow the verbal instructions issued by the trainer. I am aware that potential risks associated with these types of activities include, but are not limited to, death, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of the body, general health, and well-being.

Because of the dangers of participating, I recognize the importance of following the personal trainer’s instructions regarding proper techniques and training, as well as other organization rules.

I acknowledge that I have been advised to consult my physician with respect to any past or present injury, illness, cardiovascular problem, knee problem, or any other condition that may affect my participation and ability to participate in and to endure the exercise program. I acknowledge that I have been advised to consult my physician with respect to any physical ailment I may have and any medication I am taking whether prescribed or over the counter. I understand that if I am not in excellent physical condition suitable for strenuous activity that my participation may be injurious to me.

I am in good health and I have permission from my doctor to participate in this fitness program. I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Penelope Enterprises LLC/FitMamas. I will assume any and all additional expenses incurred that go beyond my health coverage. I will notify Penelope Enterprises LLC/FitMamas of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.) I acknowledge that I have discussed the appropriateness of this fitness program in connection with any illness or condition that I have or had with my physician, and that I knowingly execute this release from liability and negligence.

Permission granted to use my image in photos and videos as well as quotations in future FitMamas promotions. (Please initial the box.)

Name (Print)

Signature

Date

Phone

Street Address

City/State/Zip Code

Emergency Contact

Contact Phone

Insurance Company

Policy Number

Effective Date

Policy Holder Name