

Consent to Exercise

I, _____, have enrolled in a program of strenuous physical activity including, but not limited to, traditional aerobics, weight training, stationary bicycling, and the use of various aerobic-conditioning machinery offered by Mindy Garrett and/or Mind + Body Elite, LLC. 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 my 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 am in good health and have provided verification from a licensed physician that I am able to undertake a general fitness-training program. I hereby consent to first aid, emergency medical care, and admission to an accredited hospital or an emergency care center when necessary for executing such care and for treatment of injuries that I may sustain while participating in a fitness-training program.

I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Mindy Garrett and/or Mind + Body Elite, LLC. I will assume any additional expenses incurred that go beyond my health coverage. I will notify Mindy Garrett and/or Mind + Body Elite, LLC of significant injury that requires medical attention (such as emergency care, hospitalization, etc.).

Print Name: _____ Date: _____

Signature: _____

Address: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Parent/Guardian Signature: _____
(if applicable)