



AGREEMENT TO PARTICIPATE

Any recommendation for changes in diet including the use of food supplements, weight reduction, and/or body building enhancement products are entirely the responsibility of the participant. The participant should consult a physician prior to undergoing any dietary or food supplement changes. All forms of exercise, including weight training, stretching and cardiovascular conditioning involve certain inherent risks and regardless of the care taken, it is impossible to guarantee the safety of the participant. Weight training, stretching and cardiovascular conditioning are strenuous activities. While these activities are reasonably safe as long as safety guidelines are followed, some elements of risk cannot be eliminated from the activity.

Some examples of conditions and injuries a participant may experience include, but are not limited to:

- | | |
|------------------------|------------------------|
| 1) Muscular discomfort | 5) Sprains |
| 2) Soreness | 6) Orthopedic injuries |
| 3) Extreme fatigue | 7) Heart attack |
| 4) Muscle strains | 8) Death |

To help reduce the likelihood of injury, the participant is expected to follow the directions of the Trainer at all times, follow all posted safety rules and utilize common sense.

I, _____ (the Participant), certify that 1) I possess a sufficient degree of physical fitness to safely participate in an exercise program, 2) I understand that I am to discontinue the activity at any time I feel undue discomfort or stress, and 3) I have indicated all health-related conditions that might affect my ability to participate in an exercise program and have verbally informed the Trainer.

I have read the preceding information and it has been explained to me. I have been given an opportunity to ask questions. I know, understand and appreciate the risks associated with participation in an exercise program and I am voluntarily participating in the activity. I further understand that in the event of a medical emergency, the Trainer will call EMS to render assistance and I will be financially responsible for any expenses involved.

_____	_____
SIGNATURE OF PARTICIPANT (or GUARDIAN if under 18)	DATE

WAIVER OF LIABILITY

In consideration for participating in an exercise program designed and supervised by personal trainers of Fit to A T LLC – including independent contractors of Fit to A T LLC, on behalf of myself, my family, my heirs and my assigns, I, _____ (the Participant), hereby release the Trainer from liability for injury, loss or death to myself, while participating in the exercise program now or in the future, resulting from the negligence of the Trainer and all others who are involved.

_____	_____
SIGNATURE OF PARTICIPANT (or GUARDIAN if under 18)	DATE