



FITNESS4ALL

General Information–Medical and Liability Forms

Participants name: _____ Age: _____ Participants DOB: _____

1) Parent/Guardian: _____
(First name) (Last name)

Cell# _____ Email: _____

2) Parent/Guardian: _____
(First name) (Last name)

Cell# _____ Email: _____

Home Address: _____

Medical and Liability

Participants Name (Please print): _____ Date: _____

Please list any Medical Conditions of the Participant above (Allergies, Injuries, Asthma, ETC.): _____

*While engaging in various activities during your Fitness4ALL sessions:

I understand that physical activities/exercise can be strenuous and subject to risk of various types of injury. You are urged to obtain a physical examination from a doctor before participating in any type(s) of physical activities/exercises. You (**PRINT NAME (Parent/Guardian)**) _____ agree that if you engage in any physical exercise or activity, you do so **entirely at your own risk.**

*Any recommendation for changes in diet including the use of food supplements and weight reduction products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and **assume all risks** of injury, illness or death.

*This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (a) your participation in any activity including, but not limited to personal or group physical activities/exercise session and (b) instruction, training or supervision recommendations by your Fitness4ALL consultant.

*You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge your Fitness4ALL consultant from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against your Fitness4ALL consultant for personal injury or property damage.

*To the extent that statute or case law does not prohibit release for negligence, this release is also for negligence on the part of the Fitness4ALL consultant.

*If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

***Unless stated NO other person(s) are permitted to engage or be part of the sessions unless all documents are filled out by the other person(s) with full permission to engage in activities. This includes, but not limited to siblings over the age of 4, parents, guardians, extended family or anyone going to be engaged in activities.**

List any other pertinent information that would needed to be known about the person services are being provided for: _____

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signature:(Age/18+)_____

Name (Printed): _____ Date: _____

Below for PARENT/LEGAL GUARDIAN:

If the person that is working with the Fitness4ALL consultant is having this document signed by a parent or legal guardian, please sign, print and write your name and date.

Signature: _____

Name (Printed): _____ Date: _____

MEDIA RELEASE FORM

I ___ DO ___ Do NOT (Parent/Guardian Name)_____ grant permission to use any of the below options as the "Media" to use my image (photographs and/or video) for use in Media publications including: (Check All That Apply to Allow Permission)-Anything used for social media will be viewed by all parties to ensure it is ok to use on any checked off social media below.

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines - General Publications - Website and/or Affiliates - Other: (ie. Instagram/Facebook, Twitter, etc)

Parent/Guardian: _____ Date: _____
(Print Name)

Changes or agreements (1): _____

Initial here: _____ Print Name: _____

Signature: _____ Date: _____

(REQUIRED) Please initial the paragraph below which is applicable to your present situation:

_____ – I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ – I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Participants Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(if under 20 years of age)

Media Protection for Fitness4ALL and ALL it's Employee's (Please read and sign below.)

Any use of media by any members (Parents/Guardians/Family/Friends..etc), including, but not limited to taking photographs or videos of sessions need to be approved by Owner/Operator of Fitness4ALL (Jeffrey Shanfield).

PARENTS and GUARDIANS MUST READ and SIGN: For the protection of any person(s) providing services and is engaged in a session you MUST ask for permission from the service provider to take any forms of Media (Videos, Pictures etc.).

Participant Signature: _____ Date: _____

Participants Name (please print): _____

Signature of parent or legal guardian: _____

(if under 20 years of age)

Print Parent or Legal Guardian: _____

(if under 20 years of age)