

HEALTH & FITNESS LIABILITY WAIVER / INFORMED CONSENT FORM

I, _____, have entered in a health and fitness program offered through JM#10 Volleyball and/or Cathleen Kaltenhauser, Certified Personal Trainer. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by JM#10 Volleyball and/or Cathleen Kaltenhauser, C.P.T.

In consideration for my participation in this program, I, _____ hereby release JM#10 Volleyball and/or Cathleen Kaltenhauser and its agents from any claims, demands and causes of action as a result of my voluntary participation in enrollment.

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____ hereby release JM#10 Volleyball and/or Cathleen Kaltenhauser and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to the neck and back, injuries to the upper and/or lower body, or any other illness or soreness that I may incur, including death.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____(participant's signature)

_____(parent/guardian signature)

_____(witness)

_____(date)