



5K CHALLENGE

ENROLLMENT & WAIVER

Name: _____ Email: _____

Home Address: _____
(street) (city) (zip)

Phone: _____ (home) _____ (message)

Private Physician _____ Phone: _____

Emergency Contact: _____ Phone: _____

I, _____, (full name) agree to participate in an exercise program, specifically referred herein as "5K CHALLENGE", with a certified fitness instructor. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Fit for Life, LLC.

I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder or heart rhythm, stroke, and very rare instances of heart attack or even death.

I agree to waive, release, remise and discharge Fit For Life, LLC, and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in exercise program. The undersigned hereby releases Fit For Life, LLC as well as waives any and all claims and understands and assumes any and all risk with participation in exercise program/boot camp.

Dated: _____

Participant Signature