



## LIABILITY WAIVER AND CONSENT

I, (print name) \_\_\_\_\_, agree and/or give consent to participate in the physical fitness evaluation and subsequent fitness program conducted by LDC Training (Fitness Bootcamps). Class Code: \_\_\_\_\_

**BENEFITS** Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance. It should be understood that a certain level of commitment is required to reach any fitness goal and maximum effort will result in maximum benefit.

**RISKS** I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio-respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of NO MEDICAL PROBLEM that would increase my risk of illness and injury as a result of participation in a regular exercise program. I further agree to participate in this program to the best of my personal ability, in consideration of my current fitness level and without unnecessarily risking my health or physical ability to continue in the program. In the event I am unable to complete any exercise I will immediately notify the trainer for instruction on modifying that portion of the program for my specific need.

**TESTING AND EVALUATION** I understand that I will undergo specific testing to determine my current physical fitness status. The testing may include but is not limited to: weight, waist, and skin-fold measurements; floor exercises; and a timed run/walk test. This testing is for the specific purpose of determining an individual baseline to which comparison will be made at the conclusion of the program. I understand that this testing is not intended to replace any other medical test or the services of any medical provider. I further agree to contact my physician prior to exercise if I am unsure as to my physical ability to participate or continue in a physical fitness program, whether due to prior, current, or future injury or illness.

Although LDC Training will practice diligence in providing a safe and sound fitness program, it is the responsibility of each participant to know their own limitations and to participate accordingly. By signing this consent form I understand that I am personally responsible for my actions during my participation in this fitness program and I waive the responsibility of LDC Training, its affiliates, associates, trainers, and providers in the event I should incur any injury or illness as a result of my negligence, over-exertion, or misrepresentation regarding my suitability for physical training.

PRINTED NAME: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (Parent/Guardian if under 18): \_\_\_\_\_