

Bingham Fitness LLC

INFORMED CONSENT AND WAIVER

I, _____, do hereby consent to participate in a one-on-one, group and online personal training program that will include, without limitation, weight training and/or cardiovascular exercise.

I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and, rare instances, heart attack or death. Every reasonable effort will be made to minimize these risks.

Any information that is obtained regarding my fitness level and my progress will be treated as privileged and confidential and will not be released to any person other than my physician or the program's supervisor (for record keeping purposes) without my expressed written consent.

I have read and understand the foregoing consent to participate in said program. I am aware that I may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies, or procedure of the personal training program and/or Bingham Fitness LLC, I will discuss these with my trainer or the program supervisor immediately.

In addition, I agree to the following:

- a.) I assume all risk of personal injury, death and/or damage to or loss of property, arising from or in connection with my participation in this program; and
- b.) I release and discharge from any and all liability and waive any and all claims against Bingham Fitness LLC, its owners, officers, agents and employees, arising from or in connection with my participation in this program, including without limitation any and all liability and/or claims for personal injury, death, and/or damage to or loss of property; and
- c.) I indemnify and hold harmless Bingham Fitness LLC, its owners, officers, agents and employees, from and against any and all liability, claims, demands, actions, loss, and damage arising from or in connection with my participation in this program.

Consenting Signature: _____ Date: _____

Participant: _____

Witness: _____ Date: _____