



INFORMED CONSENT/WAIVER

Please read the information below carefully, print and sign your name at the bottom of this form. By signing this consent, I am agreeing to the stipulations of Health Performance Fit Camp Program.

I, (print name) _____, give my consent to participate in the Health Performance Fit Camp Program.

I understand that Health Performance Fit Camp Program service is not a medically supervised program and that the Health Performance Fit Camp Program was developed for healthy people with no medical conditions or risks, either psychological or physical. If I have an existing medical condition, before I can begin, I will present my trainer with a Medical Consent Form, signed and dated by my personal physician/GP. This form represents my physician's/GP's approval to participate in Health Performance Fit Camp Program.

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.

RISKS

I recognise that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio-respiratory system (dizziness, discomfort in breathing, heart attack and even the possibility of death). I hereby certify that I know of no medical problem (except those noted) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

By signing this consent form I understand that I am personally responsible for my actions during my tenure with Health Performance Fit Camp Program, and that I waive their responsibility if I should incur any injury as a result of my negligence.

Client Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____