



# INFORMED CONSENT FOR PARTICIPATION IN EXERCISE PROGRAM

I desire to participate voluntarily in the indoor/outdoor exercise and/or personal training program designed by BMF Wellness' certified instructors/trainers in order to attempt to improve my physical fitness. The program/activities/exercises are designed improve the cardiorespiratory and musculoskeletal systems. The reaction of the cardiorespiratory system cannot be determined with complete accuracy. There is always a risk of certain changes that may occur in the body during any exercise program(s). These changes may include abnormalities of heart rate and/or blood pressure. The activities within these said programs include but are not limited to walking, running, jumping, cycling, lifting weight, skipping, hopping, throwing, pulling, crawling, pushing, punching, dancing, agility drills, intense cardiovascular activities and flexibility training.

Acknowledgment is hereby made that the activities of the program(s) may require me to spend time outdoors in the elements including but not limited to heat, humidity, cold and wet. I further acknowledge that there are risks involved in participating in the program(s). The risks include, but are not limited to, those caused by terrain, facilities, equipment, stationary bikes and their use, temperature, weather, my physical condition and ability, lack of hydration, actions of other people including, but not limited to, participants, volunteers, instructors, and personal trainers.

If participating in the group exercise program, the program is designed to provide a workout plan for the average participant. I understand that I will work at my own pace, modify movements if needed, and follow any personal recommendation that the instructor/trainer may provide for me. If participating in the personal training program, the program will be designed for me based on my personal needs and interests and any of my physician's recommendations.

I completely understand that I am responsible for monitoring my own condition throughout the exercise program(s) and should any unusual conditions occur, I will stop my participation immediately and inform the instructor/trainer of the symptoms. In the event that a medical clearance must be obtained prior to my participation in the program(s), I agree to consult my physician and obtain written permission to participate prior to beginning the program(s).

I understand that photos or videos of these programs may be used for commercial and non-commercial purposes. I further understand that my body, person and image may be in these photos or videos and hereby give BMF Wellness, LLC, BMF Fitness and Blast Mobile Fitness permission to use these media for commercial and non-commercial purposes.

Also, in consideration for participating in this exercise program(s), I agree to assume the risk for myself during such exercise and activities, and further agree to hold harmless Blast Mobile Fitness, BMF Fitness, and BMF Wellness, LLC, the facility of location, or any other employed certified instructor/trainer for any and all claims, suits, losses, or related cause of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program(s).

**In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program(s). I also affirm that the questions regarding the exercise program have been answered to my satisfaction.**

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address, City and Zip: \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Referred by: \_\_\_\_\_

Emergency Contact Info: Name and Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_