

## Informed Consent and Liability Waiver Release for Participation in Exercise Program

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### I agree and consent to the following:

\_\_\_\_\_ I am voluntarily participating in the exercise/fitness program conducted by Amber Trice at Natural Living Chiropractic (NLC) in Savage, MN.

\_\_\_\_\_ I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

\_\_\_\_\_ I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program.

\_\_\_\_\_ I represent and warrant that I have no medical condition that would prevent my participation in the program.

\_\_\_\_\_ I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the program: *Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.*

\_\_\_\_\_ I knowingly, voluntarily and expressly waive any claim I may have against NLC for injury or damages that I may sustain as a result of participating in the program. I, my heirs or representatives forever release waive, discharge and covenant not to sue NLC for any injury or death caused by their negligence or other acts.

\_\_\_\_\_ I have read the above waiver and release of liability and fully understand it contents. I voluntarily agree to the terms and conditions stated above.

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**Participant Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_