Participant Release and Knowledge of Agreement

1. I, _____, wish to participate in the exercise and training program offered by Fit Bodies 4 Life. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date set forth below to obtain his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk and against recommendation of Fit Bodies 4 Life or any of her affiliate programs. I further agree that Fit Bodies 4 Life programs , Kim Lipe and all Fit Bodies 4 Life (FB4L) coaches shall not be liable or responsible for any injuries to me resulting from my participation in the nutrition or fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility), and I expressly release and discharge Fit Bodies 4 Life, and her coaches, employees, agents and/or assigns from all claims, actions, judgments, and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the nutrition and/or fitness program, excepting only an injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this term: (initial) _____

2. I understand that FB4L will make every reasonable effort to preserve the privacy of the information contained in this Client Information Questionnaire. I further agree that FB4L shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Information Questionnaire and I expressly release and discharge FB4L, coaches, employees, agents and/or assigns from all claims, actions, judgment, and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Information Questionnaire. This release shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this term: (initial) _____

3. I certify that the answers to the questions outlined on the form are true and complete to the best of my knowledge. I acknowledge that medical clearance is requested if I have answered "Yes" to any of the questions on the health questionnaire form. I understand and agree that it is my responsibility to inform FB4L of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: (initial) _____

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4. I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: (initial) _____

5. I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by Kim Lipe or FB4L coaches.

I have read and understand this term: (initial) _____

6. I understand that the Elite Nutrition Customized Package is a 3-month min. requirement and will follow through with payments accordingly.

I have read and understand this term: (initial) _____

I have read this Release and Terms of Agreement and I understand all its terms. I sign it voluntarily and with full knowledge of its significance.

Name : _____

Signature : _____

Date : _____

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Liability Waiver

I, _____, hereinafter referred to as **"CLIENT"** certify and acknowledge:

That Kim Lipe and her programs, FB4L coaches have advised me prior to my commencement of participation in cardiovascular, resistance training, and nutrition programs that such participation could result in physical injury.

That **CLIENT** freely and knowingly assumes the risk in such programs, and hereby waives any right, claim, or cause of action against FB4L, Kim Lipe and coaches, and release her company from any liability for any injury, cost, damage expense, or claim, which **CLIENT** or anyone on **CLIENT's** behalf might incur as a direct or indirect result of my participation in this cardiovascular, resistance-training, and nutrition program.

CLIENT hereby acknowledges that cardiovascular, resistance training, nutrition programs, direction and advice are based solely on personal preference and/or personal experience of Kim Lipe and her coaches.

CLIENT hereby affirms that **CLIENT** has read the Liability Waiver form, understands and agrees with each of the foregoing points, and has received a copy of this release form on this date.

Informed Consent

CLIENT understands the potential risks involved in participating in a rigorous physical exercise and nutritional program. **CLIENT** hereby assumes the responsibility and risks. **CLIENT** understands that participating in an exercise and nutritional program may include, but not be limited to, serious bodily injury, heart attack, stroke, or even death.

I consent voluntarily to participate in an exercise and/or nutrition program based on information provided to me.

Name : _____

Signature : _____