

**Group Fitness Class Informed Consent Form**

Please Print Name of Participant (First and Last): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**INFORMED CONSENT FOR EXERCISE PARTICIPATION**

I desire to engage voluntarily in group fitness with Kelly Lynn Gibson of INNERGIZE llc. I understand that the activities may be strenuous, and may require me to do body movement that I am not familiar with in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout my workouts. Should any unusual symptoms occur, I will cease my participation. In signing this consent form, I affirm that I have read, accept, and understand this form in its entirety and that I understand the nature of the exercise. I know that there may be risks associated with fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities.

**AGREEMENT AND WAIVER / RELEASE OF LIABILITY**

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability of INNERGIZE llc, and Kelly Lynn Gibson, or other participating students for my death, disability, illness, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me in activities related to fitness activity.
2. Indemnify and hold harmless Innergize llc, Kelly Lynn Gibson and any participating student, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity. Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, have freely signed this waiver on the date indicated.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (Required if under 18 years old):** \_\_\_\_\_

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