

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

NAME (Last, First): \_\_\_\_\_

I, \_\_\_\_\_, agree and consent to the following:

I am voluntarily participating in exercise/fitness program conducted by Jamie Schirtz at the Brewerton Fire Hall. 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 know 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 the Jamie Schirtz or the Brewerton Fire Hall 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 Jamie Schirtz 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.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Note:** If the participant is not 18 years of age or older, he/she must have the consent of a parent or guardian who will also read, understand and agree to the above terms. The Parent or Guardian must then sign and assume responsibility for the above terms.

**I, \_\_\_\_\_, as parent or legal guardian of the above participant, hereby understand, agree to, and assume responsibility for the above terms.**

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Participant's e-mail address: \_\_\_\_\_

Participant's mailing address: \_\_\_\_\_

\_\_\_\_\_