



Release of Liability/Informed Consent

Informed Consent Form

General Statement of Program objectives & Procedures

I understand that this physical program includes exercises to build the cardiovascular system, the musculoskeletal system and to improve body composition. The program may include aerobic activities, callisthenics exercise and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint motion. I understand and warrant release and agree that I am in good physical condition and have no disability, impairment or ailment preventing me from engaging in exercise that will be detrimental to my safety.

I desire to engage voluntarily in an exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic and /or cardio-respiratory system and thereby attempt to improve function. The reaction of the cardio-respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the Instructor of the symptoms.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise and further agree to hold harmless RedZone Fitness Weston, its Employees and agents, specifically Personal Trainers under contract with RedZone Fitness Weston from any claims, suits, losses or related cause of action for damages, including but not limited to such claims that may result in my injury or death, accidental or otherwise during or arising in any way from the exercise program.

COVID-19:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that RedZone Fitness Weston has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that RedZone Fitness Weston cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the

Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, studio staff, and other studio clients and their families.

I voluntarily seek services provided by RedZone Fitness Weston and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold RedZone Fitness Weston harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may otherwise arise in any way in connection with any services received from RedZone Fitness Weston. I understand that this release discharges RedZone Fitness Weston from any liability or claim that I, my heirs, or any personal representatives may have against the Studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from RedZone Fitness Weston. This liability waiver and release extends to the studio together with all owners, partners, and employees.

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

NAME (Printed): _____

SIGNATURE (Clients): _____ Date:

TRAINERS SIGNATURE: _____ Date:
