



Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

## Informed Consent

I have been informed and acknowledge that in using the facility, equipment and services of Institute of Athletic Development, I do so at my own risk. In consideration of, and as payment for, the right to use the facility, equipment and services of Institute of Athletic Development and its agents, I have and do hereby fully assume all risk of illness, injury or death and hereby release and discharge Institute of Athletic Development and its agents from all actions, claims, or demands for damages resulting from any personal injury sustained by me or about the premises.

I understand and am aware that strength, flexibility and aerobic exercise including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise /fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in the activity an use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I hereby certify that I have read the contents of this **Informed Consent and Release of Liability**, have received a signed original of the **Agreement** and the **Informed Consent and Release of Liability**, and agree to be bound by the reasonable rules and regulations adopted by Institute of Athletic Development in connection with the use of its facilities and equipment. I agree that the foregoing obligations shall be binding of me personally, as well as upon my family and my heirs, executors, administrators and assigns.

Signature \_\_\_\_\_ Date \_\_\_\_\_