



By acknowledgement below, I agree that the information collected by Raw Fit Training, LLC will be used for fitness evaluation purposes and for the design, implementation, progression and maintenance of a group fitness program, classes and events held by Raw Fit Training, LLC. I further understand that all such information is confidential and will not be shared with anyone without my prior written authorization, except in the case of medical emergency or to the minimum extent to achieve a safe and effective fitness program. I agree RAW Fit Training, LLC may use my photo for marketing purposes only.

RELEASE OF LIABILITY WAIVER:

I agree to participate in a RAW FIT TRAINING, LLC program.

I recognize that exercise is not without varying degrees of risk to the musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems (except those I have informed RAW FIT TRAINING, LLC of in the Client Information Sheet) that would increase my risk of illness and injury as a result of participation in a fitness program designed by RAW FIT TRAINING, LLC.

I understand and have been informed that there exists the possibility of adverse physical changes during the fitness program. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke and very rare instances of heart attack or even death.

I agree to waive, release, remise and discharge RAW FIT TRAINING, LLC and their agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in a RAW FIT TRAINING, LLC program. I further state that I understand and assume any and all risks associated with my participation in a RAW FIT TRAINING, LLC program.

By acknowledgement below, I agree to these terms entirely.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____

PHONE NUMBER: _____ BIRTH DATE: ____/____/____

Custodian signature is required if under the age of 18.

CUSTODIAN SIGNATURE: _____



Client Medical Info: ANSWER "YES" TO ANY THAT APPLY.

****IF NONE APPLY; select and answer "YES" to question at bottom of page.**

Do you have a history of any of the following:

Heart Attack or history of rapid/runaway heartbeat or skipped heart beat _____

Bypass or cardiac surgery _____

Chest discomfort with exertion _____

High blood pressure _____

Rheumatic Fever _____

Phlebitis or embolism _____

Shortness of breath WITH or WITHOUT exercise _____

Fainting or light-headedness _____

Pulmonary disease or disorder _____

High blood fat (lipid) level _____

Stroke _____

Recent Hospitalization _____

Orthopedic problems _____

ANY other medical issue that may prevent you from being able to exercise _____

If answered YES to any above questions, please give Medical history description here:

****NONE OF THE ABOVE APPLIES** (answer YES here) _____

Name _____ Date _____