

**HIGH ENERGY FITNESS  
INFORMED CONSENT AND RELEASE FORM**

I wish to participate in **HIGH ENERGY FITNESS**. I understand that participation in the exercise opportunities and programs offered during **HIGH ENERGY FITNESS** sessions will require some degree of physical exertion above that normally experienced in my every day activity.

I realize that my participation in this activity involves risks of injury, including but not limited to sprains, general fatigue, heat related injuries, muscle cramps, and soreness. I also recognize that there are many other risks of injury including serious and disabling injuries which may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk.

I understand that it is advisable for inactive persons, particularly those 35 years and older, to consult a physician and undergo a thorough physical examination before attending **HIGH ENERGY FITNESS** sessions.

I have had the opportunity to ask questions. Any questions which I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in this activity and, knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks of injury or even death due to my participation.

Finally, I hereby release and discharge **HIGH ENERGY FITNESS**, its owner and staff, and the management and staff of the host site, from any and all claims, demands, damages, actions, or causes of action.

Participant:

Date:

Address:

City:

State:

Zip:

Phone #: Home (     )

Work (     )

Participant Signature:

Witness: