



WAIVER AND RELEASE OF LIABILITY/INFORMED CONSENT

I, \_\_\_\_\_ the undersigned participant, have voluntarily enrolled in a program offered by ENERJOY Health/Fitness Programs Inc., a program of moderate physical activity. I hereby affirm that I am physically capable of participating in this program and that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. The determination that I am physically capable of participating in the program has been made either by myself, based upon my past medical history, or in conjunction with my physician and was made prior to the commencement of the health/fitness program.

With respect to my representation of my physical fitness and capability of participating in the health/fitness program, I for myself, my heirs, successors and assigns, hereby waive and release ENERJOY Health/Fitness Programs Inc. and any of its owners, officers and employees from any and all claims of injury, including but not limited to heart attack, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/ lower back/foot injuries and other illness or injury, arising out of my participation in the exercise program. I fully understand that I may injure myself as a result of my participation in this program.

I, \_\_\_\_\_ as of the date of this agreement, affirm that I am physically capable of participating in the program offered by Liz Bradford, ENERJOY Health/Fitness Programs Inc., and if my physical condition should change in any manner after this date, or if there is any reason to believe my condition is changed or may change after this date, I will promptly inform my health/fitness instructor and consult with my physician as to the advisability of my continued participation in this program.

DATED: \_\_\_\_\_

Participant's Signature

Printed Name: \_\_\_\_\_ optional email \_\_\_\_\_

ENERJOY Health/Fitness Programs Inc.

6 Ridge Lane, Falmouth, Maine 04105

207-329-5050