***ELB Consulting, Inc.***

**Waiver, Release, and Assumption of Risk Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have volunteered to

participate in a fitness and nutrition program provided to me by ***Laura Burk*** (“Dietitian” and “Trainer”), which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Dietitian and Trainer’s agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless to Dietitian and Trainer and her respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF

EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR

SUPERVISION.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been informed of,

understand and am aware that any exercise program, whether or not requiring

the use of exercise equipment, is a potentially hazardous activity. I also have

been informed of, understand and am aware that any exercise and/or fitness

activities involve a risk of injury, as well as abnormal changes in blood

pressure, fainting, and a remote risk of heart attack, stroke, other serious

disability or death, and that I am voluntarily participating in these activities

and using equipment and machinery with full knowledge, understanding and

appreciation of the dangers involved. I hereby agree to expressly assume and

accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have chosen not to obtain a physician’s

consent prior to beginning this nutrition fitness program with Dietitian and Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that any supplements, smoothies, or juices I am taking at my own risk. I am voluntarily participating in any nutritional diets or meal plans that may be recommended by Dietitian and Trainer. I also have been informed of, understand and am aware that any new dietary plans may cause indigestion or allergic reactions if not followed correctly. I agree to assume and accept any and all risks associated with all nutrition related activities/products in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM

IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A

RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM

WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO

BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER

FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES,

AGENTS, OR CONTRACTORS.

**This form is an important legal document that explains the risks you are assuming by beginning a nutrition and exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.**

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Participant’s signature Date

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Please print name

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Parent or legal guardian *(if participant is under age eighteen)* Date

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Please print name