

Informed Consent, Waiver of Liability, Photo and Video Release

I, _____, hereby agree to the following:

1. That I am participating in the Health & Fitness Classes, Programs, or Workshops offered by Scott York during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs, or Workshops. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in the Exercise Classes, Health Programs, or Workshops.
3. In consideration of being permitted to participate in the Health & Fitness Classes, Programs, or Workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Health & Fitness Classes, Programs, or Workshops, I knowingly voluntarily and expressly waive any claim I may have against Scott York, FullForceFitness Training Camp or its representatives for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Scott York, FullForceFitness Training Camp or its representatives for any injury or death caused by their negligence or other acts.
6. Photo and Video release: In connection with my participation in Scott York's FullForceFitness Training Camp, Bootcamp, Health & Fitness Classes, Programs, or Workshops, I consent to the use of my photograph and video or other likeness in the promotional and other materials of Scott York's FullForceFitness Training Camp without payment or other consideration made to me.

I have read the above informed consent, waiver of liability, photo and video release and fully understand its contents. I voluntarily agree to the terms and conditions stated above as shown by my signature below.

Signature of Participant

Date

If participant is under 18:

As LEGAL GUARDIAN OF _____, I
CONSENT TO THE ABOVE TERMS AND CONDITIONS.

Signature of Participant

Date

Witness by: _____