

## BODY BY SID CONSENT FORM

I, \_\_\_\_\_, want to start living the good life! I promise to exercise; at minimum, four times a week (or more), consistently, for 45 minutes to one (1) hour each day. My exercise, while not at the Body By Sid program(s) will include, but not limited to: walking, jogging, bicycling, personal training, and additional exercise classes or at home with exercise/instructional videos. I also promise to eat a healthy, sensible, diet to assist in my wellness efforts. I will eat small meals and snacks 5-6 times a day. I know that individual results will vary, so I promise to put my best effort into living a healthy lifestyle. I understand that my healthy lifestyle does not stop after my time with Body By Sid; therefore, I must continue to exercise and eat healthy to maintain. If I do not do any of what I am committing to do during the weeks with Body By Sid, I will not hold Body By Sid and its instructor(s) accountable for my actions and/or for my results. I know I will succeed because this is my PROMISE TO MYSELF.

I have enrolled in a program of physical activity including, but not limited to running, jumping, climbing, crawling, throwing, catching, balancing and stretching. I also affirm that I am in good physical condition and do not suffer from any disability, which would prevent or limit me from participation in this Body By Sid program. I also understand that fitness testing and participation in an exercise program may include some risks, which include abnormal heart rate / blood pressure, dizziness, fainting, and in rare instances, heart attack, stroke, and death. There may also be some risk of injury to joints, muscles, tendons, ligaments, and nerves; cuts and scratches. Every effort will be made to minimize these risks by you consulting with my doctor, or discussing your medical history and current exercise level with the instructor(s), careful observation during all testing procedures or classes, and appropriate exercise program design and progression, if applicable.

I also agree and acknowledge that I may be photographed or video taped during the session(s) and photographs/videos may be posted for public viewing and/or for promotional purposes via the internet or in print ads with no compensation or benefits due me.

I, \_\_\_\_\_ (initial), for heirs, my assigns, and myself hereby release Body By Sid from any claims, demands and causes of action, now or in the future, arising from my participation in this exercise program; including, but not limited to muscle strains, pulls, or tears, cuts/scratches broken bones, shin splints, heat prostration, knee-lower back/foot injuries and any other illness, soreness or injury cause occurring during my participation in the program. No refunds after first week of program (unless terms listed elsewhere for other program). There is a \$50 late payment fee and \$300 cancellation fee. I affirm that I have read and understood the above agreement in its entirety, understand it, and agree to its terms.

\_\_\_\_ I have submitted Doctors permission slip to participate in this program

\_\_\_\_ I waive Doctors permission slip and affirm I am in good physical condition

Printed Name: \_\_\_\_\_ Email \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Address: \_\_\_\_\_

Cell: \_\_\_\_\_