



Informed Consent

1. Responsibility of Participant. Exercise can be a strenuous activity. You should consult with your physician regarding any medical conditions and/or disabilities that could affect your ability to participate in any exercise program offered by Competitive Edge Performance Training, L.L.C. Information you possess about your health status or previous experiences of unusual feelings resulting from physical activity may affect your safety and the value of your exercise program. You are responsible to fully disclose such information to Competitive Edge Performance Training, L.L.C. staff. You are also responsible to immediately report injuries or abnormal feelings to Competitive Edge Performance Training, L.L.C. staff.

2. Risks and Discomforts. There exists the possibility of certain changes occurring during exercise. These changes include abdominal pressure, fainting, disorder of heartbeat, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during screening.

3. Inquiries. Any questions about your exercise program are encouraged. If you have any doubts or questions, please ask us for further explanations.

4. Release. I hereby release Competitive Edge Performance Training, L.L.C., its agents, officers, owners, or shareholders from any liability for injuries or damages arising directly or indirectly from my participation in an exercise program.

I certify, by my signature below, that I have read and understand this form and have no preexisting conditions that would contraindicate the safety of any exercise program offered by Competitive Edge Performance Training, L.L.C.

(Signature of Client)

____/____/____
(Date)

(Signature of Parent/Legal Guardian)

____/____/____
(Date)