



Informed Consent and Liability/Photo Waiver

In connection with, and as a condition to, my participation in a fitness training program offered by Kim Liles, DBA Peachtree Fitness, I agree to the following:

That I am participating in a fitness training program offered by Kim Liles, Peachtree Fitness, during which I will receive information and instruction about health, fitness and nutrition. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury or even death, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in training. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the training program.

In consideration of being permitted to participate in fitness training, 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, including any and all injuries or damages that may result from any act or omission, negligent or otherwise, of Kim Liles, Peachtree Fitness.

In further consideration of being permitted to participate in the fitness training, I knowingly, voluntarily, and expressly waive any and all claims I may have against Kim Liles, Peachtree Fitness for injury or damages that I may sustain as a result of participating in the program, including any and all injuries or damages that may result from any act or omission, negligent, or otherwise by Kim Liles, Peachtree Fitness.

I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Kim Liles, Peachtree Fitness for any injury or death caused by their negligence or other acts.

I release Peachtree Fitness, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions, or rights of action which are related to, or arise out of, or any way connected with my participation in this voluntary activity.

Photo release: In connection with my participation in training, I consent to the use of my photograph or other likeness in the promotional and other materials of Kim Liles, Peachtree Fitness without payment or other consideration made to me.

I HEREBY AFFIRM THAT I AM OVER 18 AND I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED IN THE INFORMED CONSENT, LIABILITY WAIVER, AND PHOTO RELEASE.

Print Name _____

Date _____

Signature _____