



**WAIVER OF LIABILITY AND INFORMED CONSENT**

My participation in the activity session is voluntary. In consideration of my being accepted into the program, I assume any and all responsibility and liability in connection with my participation as to any risks which are or may be associated with this activity.

**I am aware and understand that:**

1. Certain EDGE Training exercises are contraindicated for individuals with certain health conditions. The participant is responsible for notifying the instructor *before the session begins* as to any and all health problems.
2. The activities of the class may at times involve strenuous physical activity and risk of bodily injury, including but not limited to, muscle strain and soreness. The participant is responsible for reporting any new or existing injuries that may affect performance or the ability to participate.

I have carefully read and I understand and accept the above provisions and wish to participate in the program.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PARENT/GUARDIAN IF UNDER 18

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Past or Current Injuries / Health Conditions:	Medical Clearance?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____