



Participant Name:

Age:

Date:

In consideration of my participation in personal training and or self defense instruction, I fully realize that exercise might be difficult and strenuous and that there could be inherent danger for some individuals. I therefore voluntarily assume all of the risks associated with such participation. I understand that the risks involved include but are not limited to: contusions, torn muscles or tendons, strains, sprains, cuts, and pinched fingers. I also understand that there are risks to my cardio respiratory system which may result in dizziness, fainting, abnormal heartbeat, uncomfortable breathing, abnormal blood pressure response, and in rare instance, heart attack, stroke or death. I understand that it is my responsibility to report immediately to the trainer if there are any signs of discomfort and distress during or following exercise. I also agree to abide by all rules and regulations established by any and all trainers during such exercise. I understand and expressly assume all of the risks and dangers of the activities contemplated by this consent, and I hereby release, waive, and discharge Body Blox Gym and any trainers associated with Body Blox Gym. I have carefully read and fully understand this form and all of its content. All information I have provided is true. I consent to Justin Endicott and Body Blox Gym for providing emergency health assistance if it is deemed necessary in its discretion.

**Contact Information:**

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Emergency Contact:

Relation:

**Parent or Guardian of Minor:** I as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in the above named activities, and further agree individually and on behalf of my child or ward, to the terms above.

Participants Signature:

Date:

Print Name:

Parent or Guardian Signature:

Date:

Print Name: