

**Waiver of Liability and Informed Consent**

I, \_\_\_\_\_, have enrolled in a program of physical activity including but not limited to running, jumping, climbing, crawling, throwing, catching, resistance training, balancing and stretching offered by Jennifer W. Tolo and BUTTERFLY FAMILY WELLNESS. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in the exercise program and I know of no reason whatsoever why I would not be physically able to participate in this program.

In consideration of my participation in this CIRCUIT TRAINING/ BOOTCAMP exercise program, I hereby release Jennifer W. Tolo, and BUTTERFLY FAMILY WELLNESS, from any claims, demands and causes of action, now or in the future, arising from my participation in the CIRCUIT TRAINING exercise program.

I fully understand that I may injure myself in the CIRCUIT TRAINING/BOOTCAMP exercise program and I hereby release Jennifer W. Tolo, and BUTTERFLY FAMILY WELLNESS from any liability now, or in the future including, but not limited to heart attack, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee/lower back/ foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

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Participant signature	Date
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Participants Name	Age
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Address	City	State/zip
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Home phone	Work Phone	Cell phone	email
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\*\*Who should we contact in the event of an emergency? Please list name and phone number of a responsible adult we may contact.

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Adult Name	Home phone	Cell phone	Relationship
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**Health and fitness goals (long and short term):**

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