

KENNEDY FITNESS, LLC

CLIENT CONSENT FORM

Please read the information below carefully and print and sign your name at the bottom of this form. By signing this Consent, you are agreeing to the stipulations and requirements of Kennedy Fitness, LLC. You are also confirming that you understand that not engaging in both proper exercise and nutritional habits may hinder your progress towards your goals.

I, _____ agree to participate in the Kennedy Fitness Program for the previously agreed-upon fee(s). I understand that I must cancel a scheduled appointment at least 24 hours prior to that appointment. If I fail to do this, I will forfeit the appointment without a refund.

I understand that the Kennedy Fitness Program is not a medically supervised program and that this Program was developed for healthy people with no medical conditions or risks, either physical or psychological. In addition to the terms above, I represent that I am in good physical condition and have no medical reason or impairment that might prevent me from participating in this Program. As such, I acknowledge that Kennedy Fitness, LLC did not give me medical advice before this Program, and cannot give me any after the Program, related to my physical condition and ability to participate. If I have any health or medical concerns now or after the Program, I will discuss them with my doctor. The information provided to me in any testing provided by Kennedy Fitness, LLC is not intended to diagnose, treat, cure, prevent any disease or give medical advice of any kind.

If I have an existing medical condition, before I can begin, I will present Kennedy Fitness, LLC with a Medical Release Form, signed and dated by my personal physician. This form represents my physician's approval to participate in this fitness program. I grant permission to Kennedy Fitness, LLC to contact my physician/dietitian or health care professional if I require medical supervision during my participation in this Program.

I understand that nutritional supplements may be recommended as part of the Program and that there may be an additional fee for these supplements. I will pay the additional fee for supplements as necessary. I also understand that my Certified Personal Trainer is not a Nutritionist or Dietician. If I require more than general nutritional information I must consult with a Nutritionist or Dietician outside of Kennedy Fitness, LLC.

The Kennedy Fitness Program is designed to help participants achieve their fitness goals by altering or maintaining body composition through the application of proper exercise and nutritional habits. This Program focuses on changes in body composition and circumference measurements, not weight loss. During the Program, I should not expect to lose more than a maximum of two pounds per week. I also understand before beginning to exercise I will need to endure a series of fitness assessments which may include: being weighed, measured, pinched, and stressed for flexibility, muscular abilities, and cardio-respiratory health. During these tests my body may bruise, sweat, and experience increases in blood pressure and heart rate. There also exists the possibility for muscular strains, joint sprains, heart attack, and other unforeseeable adverse health conditions.

Kennedy Fitness, LLC will provide me with a copy of my original measurements, goals, and the strategy necessary for me to achieve my goal, which will be discussed during my first appointment. In addition to the individualized exercise routines, Kennedy Fitness, LLC will monitor my progress during the Program and provide me with educational materials, adjustments to my exercise and nutritional recommendations, and, if necessary an updated copy of my measurements, goals, and strategy to accommodate changes in my fitness goals. I agree to read and complete all of the forms and bring them with me to my first appointment. I also agree to attend scheduled appointments with Kennedy Fitness, LLC and comply with the recommendations of the Kennedy Fitness Program designed to assist in the achievement of my goals.

Participating in the Kennedy Fitness Program involves the risk of injury to me or my guest(s), whether I or someone else causes it. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, such as catastrophic injuries including death. **In consideration of my participation in the activities offered by Kennedy Fitness, LLC, I understand and voluntarily accept this risk and agree that Kennedy Fitness, LLC, its owner(s), manager(s), and staff will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to me, my spouse, guests, children (both born and unborn), or relatives resulting from the negligence of Kennedy Fitness, LLC or anyone on Kennedy Fitness' behalf whether related to exercise or not. Additionally I agree to indemnify and hold harmless Kennedy Fitness, LLC, against any claims brought against Kennedy Fitness, LLC, by third parties arising out of my participation in the Kennedy Fitness Program.** Further, I understand and acknowledge that Kennedy Fitness, LLC does not manufacture fitness or other equipment, but purchases and/or leases equipment. I understand and acknowledge that Kennedy Fitness, LLC is providing recreational services and may not be held liable for defective products. This Agreement is not effective until it is signed and dated. By signing below, I acknowledge and agree that I have read the foregoing and know of the nature of the activities at Kennedy Fitness, LLC and I agree to all the terms of this Agreement and acknowledge that I have received a copy of it and Kennedy Fitness' Policies & Procedures.

Client Signature _____ Date _____