**Informed Consent and Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am committed to making a positive change in my health and well-being through my participation in the *Personal Best* Program.

I understand that certain elements of this program can be physically demanding and that **I will need to change various aspects of my lifestyle in order to reach the goals I have set for myself**.

I understand that in undertaking this lifestyle change program, some risk may be involved, as with any activity, and I fully assume that risk.

I recognize that exercise is not without some risk to the musculoskeletal system (sprains, strains) and cardiorespiratory system (dizziness, fainting, abnormal heartbeat, discomfort in breathing, abnormal blood pressure response, in rare instances, heart attack or stroke). Every effort will be made to minimize the risk through preliminary evaluation, careful observation and professional training.

I understand the *Personal Best* fitness evaluation is solely used as a means to establish baseline fitness parameters in order to develop a personal, individualized fitness program, and does not declare my fitness or lack of fitness.

I understand that any fitness evaluation performed is not a substitute in any way for a diagnostic evaluation by my physician. I agree to consult my physician for further evaluation and such medical care as I require.

I hereby release *Personal Best, LLC* (Millicent Betts) from any and all liability to me for injuries sustained while doing exercises or utilizing any equipment during this exercise program.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Participant)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Trainer)