

**Informed Consent, Waiver of Liability, Photo & Video Release for Fit 2 the Core/NutritionWorks**

I, \_\_\_\_\_, agree to the following:

1. I am participating in Fit 2 the Core/NutritionWorks offered by Camille Durante or other qualified Instructors during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Fit 2 the Core/NutritionWorks. I represent and warrant that I am physically fit and I have no medical conditions, which would prevent my full participation in the Fit 2 the Core/NutritionWorks boot camp.

3. In consideration of being permitted to participate in the Fit 2 the Core/NutritionWorks, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in the Fit 2 the Core/NutritionWorks, I knowingly voluntarily and expressly waive any claim I may have against Camille Durante, Fit 2 the Core/NutritionWorks or its representatives for injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Camille Durante, Fit 2 the Core/NutritionWorks or its representatives for any injury or death caused by their negligence or other acts.

6. Photo and Video release: In connection with my participation in Fit 2 the Core/NutritionWorks I consent to the use of my photograph and video or other likeness in the promotional and other materials of Fit 2 the Core/NutritionWorks without payment or other consideration made to me.

I have read the above informed consent, waiver of liability, photo and video release and fully understand its contents. I voluntarily agree to the terms and conditions stated above as shown by my signature below.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_