



Informed Consent Agreement

Thank you for choosing the services, facilities, or programs of Fit To Hunt (FTH). We request your understanding and cooperation in maintaining both your and our safety by reading and signing the following informed consent agreement.

I, (please initial) _____, declare that I intend to use some or all of the activities, facilities, programs, and services offered by FTH and I understand that each person has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, or program of FTH brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skills that I possess and use.

I further understand that the activities, programs, and services offered by FTH are conducted by fitness personnel who are certified either through the American College of Sports Medicine, American Council on Exercise or National Strength and Conditioning Association (Wellness Consultant/Personal Trainer), National Academy of Sports Medicine (NASM) or are registered dietitians (Nutrition Consultant). I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and no claim is made to offer assessment or treatment of any physical or mental disease or condition.

I recognize that by participating in the activities, facilities, programs, and services offered by FTH, I may experience potential health risks such as lightheadedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, orthopedic injury, and/or sudden death and I assume willingly those risks. I acknowledge my obligation to inform my consultant of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by any FTH consultant who observes any symptoms of distress or abnormal response.

I understand that I may ask questions or request further explanation of information about the activities, facilities, programs, and services, offered by FTH at any time before, during, or after my participation.

I declare that I have read, understood, and agree to the contents of this informed consent in its entirety. I hereby release the employees/contractors of FTH and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any FTH employee/contractors or others acting on their behalf or in any way arising out of or connected with my participation in the services of FTH.

Print Name: _____ Date: _____