

## Assumption of Risk and Informed Consent

I, \_\_\_\_\_ volunteer to partake in Infinity Fitness & Sports Institutes (IFSI) exercise programs and physical assessment. I understand that participating in any programs with IFSI will place stress on the bodily systems. I understand that there are inherent risks of injury being involved in such an exercise program. These risks may include sprains, strains, fractures, brain and spinal cord injury that may result in pain, paralysis, other permanent injury, or possibly death. I and IFSI understand that my signature below in no way relieves IFSI of its responsibilities of my welfare.

Signing this statement is intended to make me aware of my responsibilities in preventing potential injuries or harm, reporting actual injuries, and complying with the instructed fitness program. If necessary, I will obtain medical clearance from my physician and provide it to the IFSI staff.

Female trainees with menstrual irregularities may experience a devastating effect on bone density that results in osteoporosis. I understand and appreciate the increased risk of stress fractures due to the loss of bone density that results from menstrual irregularities and know that I should seek prompt medical attention if this condition develops or exists, ensuring appropriate preventive measures.

I certify that I am in good health and will participate in a safe/cooperative manner as instructed by the IFSI staff.

I acknowledge that the above statements of awareness of risk were discussed and that I understand them.

_____ Trainee	_____ Date	_____
_____ Parent/ Guardian	_____ Date	_____
_____ Trainer	_____ Date	_____