

4EVERFIT365 LLC PO Box 972 Matteson, IL 60443 paigeswanfit365@gmail.com 708.566.7066

HEALTH & FITNESS LIABILITY WAIVER CONSENT FORM

In consideration for my participation in these sessions/and or program,

I______, hereby release 4EVERFIT365/Paige Swan from any claims, demands, and causes of actions as a result of my voluntary participation in enrollment. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in these sessions and/or program.

I______, release 4EVERFIT365/Paige Swan from any liability now or in the future for conditions that I may obtain. These conditions may include but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries in the neck and back, injuries in the upper body and lower body, or any other illness or soreness, that my incur including death.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

(Client Signature).Date_____