I, _____, give my consent to participate in the physical fitness evaluation and training programs conducted by Habit Health & Fitness (HHF).

BENEFITS

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

RISKS

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack). I understand that underlying health conditions may exist that increase these risks. I understand that it is my reasonability to check with a Doctor or Qualified Medical Professional prior to participation in any program, evaluation or exercise routine and adjust my activity to what is medically allowable.

Some training may be conducted outside in fields or in other locations that present additional hazards such as uneven terrain, bees and insects, and/or reduced air quality etc... I understand that it is my reasonability to monitor my surroundings and participate safely. I will hold both HHF and the landowner harmless for any and all injuries that may occur as a result of my participation in any program except for cases of gross negligence.

Covid 19

Covid 19 has been declared a worldwide pandemic it is extremely contagious and can result in serious injury or death. I understand that participation in HHF programs may increase the risk of becoming exposed or infected. **I voluntarily assume this risk**. I understand that it is my responsibility to socially distance, wear masks, sanitize and take precautions to protect myself and those around me. I will not participate in any program if I exhibit any of the symptoms associated with the virus (CDC Website) are subject to any quarantine requirements (MA.GOV Website) or have recently come into contact with someone infected.

TESTING AND EVALUATION RESULTS

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of completing this health inventory, taking a step test for cardiovascular fitness, and being tested for muscular fitness and body composition.

I further understand that such screening is intended to provide HHF with essential information used in the development of individual fitness programs. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician. I will be provided a copy of all test results. I may share the results with whomever I please, including my personal physician. By signing this consent form I understand that I am personally responsible for my actions during my tenure at HHF , and that I waive the responsibility of this center if I should incur any injury as a result of my negligence.

_____ _____

Signature Date

_____ _____

Signature of Parent or Guardian Date