



# INFORMED CONSENT

I hereby voluntarily give consent to engage in this exercise program. I understand that the exercise program will involve progressive stages of increasing effort and that at any time I may terminate my participation for any reason. I understand that during exercise sessions I may be encouraged to work at sub-maximum effort and that it is my duty and responsibility to work at a level that is appropriate for me.

I understand that I am responsible for monitoring my own condition throughout the exercise sessions, and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in the exercise class, I agree to assume all risks of such exercise, and hereby release and hold harmless the instructor Kailey Vieweg Rodriguez, the fitness cult, and participants, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the exercise program.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

**PARTICIPANT'S NAME (PLEASE PRINT)**

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**PARTICIPANT'S SIGNATURE**

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**DATE**

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CONTACT

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