



FORTITUDE

health + training

GET FIT AT THE FORT

In consideration of my participation in the exercise program organized and run by Fortitude Health and Training, LLC, Manchester, NH (the "Program") and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby represent that,

I desire to engage voluntarily in the Program in order to attempt to improve my physical fitness. I understand that the purpose of the Program is to develop and maintain cardiorespiratory fitness, body composition, flexibility and muscular strength and endurance.

I understand the Program activities are designed to place a gradually increasing workload on the cardiorespiratory system and to thereby attempt to improve its function. I understand that the reaction of the cardiorespiratory system to such activities cannot be predicted with complete accuracy, that there is a risk of certain changes that might occur during or following the exercise, and that these changes might include abnormalities of blood pressure or heart rate.

I understand that I am responsible for monitoring my own condition throughout the Program and, should any unusual symptoms occur, I will cease my participation in the Program and inform the instructor of the symptoms.

I understand and acknowledge that, prior to participating in the Program, Consultation with a competent medical authority is strongly recommended. By participating in the Program, I certify that I do not have any medical History of health problems that would prohibit or restrict my participation in the program.

I hereby agree to assume all risks associated with my participation in the Program, including without limitation all property damage, property loss and personal injury(including death). Accordingly, I do hereby release and agree to hold harmless Fortitude Health and Training, LLC, and any other Program instructors, Program participants, or facility owners or providers involved in the Program, from any all claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the Program.

In signing this consent and release form, I affirm that I have carefully read this Form in its entirety, understand its contents, and agree to be bound by its terms, and that I understand the nature of the Program and the risks it entails. In entering into this Release, I further acknowledge that I am not relying upon any representation made by Fortitude Health and Training, LLC, and any other Program Instructor or facility owner.

Signature of Participant

Date

DOB

Full Name(clearly printed)

Emergency Contact Name and Number

Email Address