

Release of Liability and Informed Consent

1. The undersigned, hereby expressly and affirmatively state that I wish to participate in a diet and/or exercise program of Strategic Health Solutions. I realize that my participation involves potential risk of injury, including but not limited to bodily injury, heart attack, stroke, or even death. I also recognize there are other risks associated with exercise and that it is not possible to list every one.
2. I agree to assume all risks of the exercise and dietary counseling and I hereby release and hold harmless Strategic Health Solutions and their agents and employees from any and all health claims, suits, losses, or causes of action for damages, injury or death, including claims for negligence, arising out of or related to my participation in the fitness and/or nutrition program.
3. I agree to disclose any physical limitations, disabilities, ailments, or impairments that may affect my ability to participate in said program.
4. I understand that Strategic Health Solutions is a health and wellness company and not a medical doctor, and that they will, in fact, be relying on my representations and disclosures regarding my health and physical condition.

Signature: _____ Date: _____

Witness: _____ Date: _____