



Health & Fitness Liability Waiver / Informed Consent Form

Date: _____

Print Name: _____

I have enrolled in fitness classes offered through Kimberly Inspiring Beauty in Strength, by Kimberly Whitfield at Michigan State University, located at 4000 Collins Rd. Lansing, MI 48910. I recognize that the fitness classes may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by Kimberly Inspiring Beauty in Strength, Kimberly Whitfield or Michigan State University.

In consideration of my participation in the fitness classes, I hereby release Kimberly Inspiring Beauty in Strength, Kimberly Whitfield and Michigan State University and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Kimberly Inspiring Beauty in Strength, Kimberly Whitfield (Owner), Michigan State University and its agents 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 to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.

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

Signature _____