



**MD Fitness LLC liability release for participation in Fitness classes and use of The Doctors workout Video**

I, \_\_\_\_\_ hereby consent to voluntarily engage in an exercise/ fitness classes that includes, but is not limited to the following activities:

*Walking, jogging, jumping, lunging, squatting, balance work, calisthenics, lifting weights, endurance, resistance and strength exercises, stretching, abdominal and functional moves.*

The levels of exercise that I will perform will be at my own pace, fitness ability, muscular strength and endurance. I understand that there are risks that may be associated with any exercise program. I hereby state that I will inform MD Fitness LLC of any symptoms during my participation in the exercise class that occur such as fatigue, shortness of breath, chest discomfort, or any pain or discomfort for my safety and benefit.

I will be given instructions on how to perform an exercise and will ask any questions of a MD Fitness staff if I do not understand. MD Fitness staff will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my form.

**Because physical exercise can be strenuous and can result in injury, I understand it is recommended that I consult my physician before starting this or any exercise program.**

**Health History: (Answer yes or no)**

- 1.) Do you have a heart problem?
- 2.) Do you suffer from any pain in your chest?
- 3.) Do you suffer from dizziness?
- 4.) Do you have a bone or joint problem such as arthritis or osteoporosis?
- 5.) Has your physician ever told you that you have a condition that could be made worse with exercise?
- 6.) Are you a smoker?
- 7.) Do you have high blood pressure?
- 8.) Are you diabetic?
- 9.) Do you take medications? (If yes, list : \_\_\_\_\_)

**\*\* If you answered yes to any of these questions, please provide a medical clearance form prior to starting this program.**

I acknowledge that any type of exercise involves a risk of injury. MD Fitness LLC shall not be liable for any injuries or damage to the undersigned, or the property of the undersigned, subject to any claim, demand, and injury or damages whatever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of the class participant. As the undersigned Releaser, I recognize that this Release means I am giving up, among other things, all rights to sue Releases for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself.

*Continued on next page*

***The Prescription for Transforming your Life!***

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[www.thedoctorsworkout.com](http://www.thedoctorsworkout.com)



It is agreed that MD Fitness LLC shall not be responsible or liable to the undersigned for articles lost or stolen in connection with this program. **I have read this entire Release. I fully understand the entire Release and acknowledge that I am voluntarily signing this release and I agree to be legally bound by the Release.**

\_\_\_\_\_  
Signature of CLASS PARTICIPANT

\_\_\_\_\_  
Date

**Photo Release**

By participating in a program sponsored by MD Fitness LLC, I grant MD Fitness LLC the right to use my name, quotes and any pictures taken of me during the program.

\_\_\_\_\_  
Signature of CLASS PARTICIPANT

\_\_\_\_\_  
Date

**Participant Information – Please Print**

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

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