



**Triple Jump Fitness/ DeMado Enterprises, LLC
Informed Consent Agreement**

Personal Information

Name: _____ DOB: _____

Address: _____ City/State: _____

Zip Code: _____ Phone: _____ Email: _____

Gender: _____ Emergency Contact Person: _____

Emergency Phone: _____ Relationship to contact: _____

FOR MINORS

Name of Parent or Legal Guardian if under the age of 18: _____

Relationship to minor: _____

ACTIVITY WAIVER, CONSENT, RELEASE, AND INDEMNIFICATION

Assumption of Risks:

I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily consenting to and participating in physical activity at **Triple Jump Fitness/Tumble Tikes** (any such participation at any time hereafter is subject to this Activity Waiver, Consent, Release, and Indemnification, and is referred to as the "Fitness Program"). Knowing, understanding, and fully appreciating all possible risks, hereby expressly, voluntarily, and willingly assume ALL risks and dangers associated with my participation in the Fitness Program. I understand and acknowledge that participation in the Fitness Program could result in minor, serious, and/or catastrophic injury. I agree that participation in such activities shall be at my sole risk. I understand that there is no medically trained staff on duty. **Triple Jump Fitness/Tumble Tikes** does not provide first aid personnel or other medically trained staff to counsel, diagnose, treat, monitor, supervise, oversee, or direct me in my Fitness/Exercise Program. I am responsible for my own medical care and treatment. I understand it is impossible to eliminate all risks and possibilities of injury and that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries.

Without limitation to the generality of the foregoing, **I understand that if I have the COVID-19 vaccination, I could experience adverse reactions during my training session. I know that the nature, extent, and time frame of such vaccine adverse reactions are unknown and are at my own risk. The specific risks vary from activity to activity, and I voluntarily participate with full knowledge of such potential danger. I voluntarily participate in the aforementioned activity and entirely at my own risk. I know the risks associated with traveling to and from and participating in any activity at Triple Jump Fitness.**

Release:

Having such knowledge, in consideration of the benefits received from my voluntarily participating in the Fitness Program, I hereby unconditionally and forever waive and any all claims and causes of action against Love and Muscles, including its owners, managers, employees, representatives, agents, successors and assigns (collectively, "Releasee") arising out of or in connection with my participating in the Fitness Program, and hereby release, hold harmless, discharge and indemnify Releasee from any and all liability, claims, demands, actions, suits, losses, fines, penalties, settlements, fees, expenses, judgments, and causes of action whatsoever, including without limitation attorney fees, arising out of or in connection with any loss, damage, illness, COVID-19 vaccine reaction, or injury (whether direct, indirect, consequential or otherwise), including death, that I might sustain, or any of my property might sustain, arising out of or in connection with my participating in the Fitness Program, even if caused in whole or in part by the negligence of Releasee. If I break or damage any equipment or other property at Love and Muscles due to my neglect, I am solely responsible for the cost of replacement of that item.

I agree to disclose any physical limitations, disabilities, ailments, COVID-19 vaccinations, or impairments that may affect my ability to participate in said fitness program. I understand that it is my responsibility to cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing, apparent injury, seizures, neurological issues, cardiac issues, lightheadedness or feeling of passing out, extreme fatigue, etc.) during the exercise program and/or class.

By signing below, I acknowledge and accept all terms and conditions of this Activity Waiver, Consent, Release, and Indemnification. Suppose I am signing this Activity Waiver, Consent, Release, and Indemnification on behalf of a minor. In that case, I certify that I am the minor's legal guardian or custodial parent with full authority to bind the minor and myself to the terms and conditions hereof. I further acknowledge that I have given up substantial rights by freely signing and voluntarily giving my consent to the participant participating in this activity. Without inducement, I fully enter into and agree to the above.

Signature: _____ Date: _____

Parent or Legal Guardian (if the participant is under 18, please sign and date below)

Signature: _____ Date: _____