



**Acknowledgement/Consent of Participation and Release of Liability for Training
with Michelle Golla of Boost 180 Fitness,**

I, _____, have enrolled in a program of strenuous physical activity and am aware that there are risks involved of injury to bones, ligaments, tendons, joints and other aspects of the musculoskeletal system and other aspects of my body, general health, and well-being. Because of the dangers of participating, I recognize the importance of following the Coach's-personal trainer's instructions regarding proper techniques and training. I am in good health and have provided verification that I can undertake a general fitness-training program. I hereby consent to first aid, emergency medical care, and admission to an accredited hospital or an emergency care center when necessary for executing such care, and for treatment of injuries that I may sustain while participating in a fitness-training program. I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Michelle Golla. I will assume any additional expenses incurred that go beyond my health coverage. I will notify Michelle Golla of any significant injury that requires medical attention. I, _____ hereby and declare that I have been advised that if any medical condition occurs or injury, and the coach indicates that it is inadvisable to continue for a set duration of time, and I continue to participate in the running sessions, then this is of my own free will and Michelle Golla will not be held responsible for any negligence.

In consideration of my decision to participate, I hereby assume all risks associated with my participation knowing that my continued participation is against the advice of my coach, and I hereby release and agree to hold Michelle Golla harmless of and from all liabilities, claims, damages, and causes of action, which I or any of my heirs, executors, administrators, successors and assigns now have or may ever have for any reason, including without limiting the generality of the foregoing, on account of death, bodily injury, property damage or any other loss or inconvenience whatsoever, arising out of my participation in running, personal training or strength & conditioning.

If child, Print Name: _____ **Child's Signature:** _____

Adult Print Name: _____ **Adult Signature:** _____

Best Phone Number: _____ **Email Address:** _____

Neighborhood: _____

Emergency Contact: _____ **Relationship:** _____

Phone #: _____
