

REGISTRATION/WAIVER

Please Print

Name of Participant (First and Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about this class? _____

INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to engage voluntarily in an exercise program given by Jimmy Escobar in Miami, Florida. I understand that the activities are designed to place a gradually increasing workload on the body in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout my workouts and should any unusual symptoms occur, I will cease my participation and inform the staff of the symptoms.

In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with fitness classes in addition, willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs I incur.

AGREEMENT AND WAIVER / RELEASE OF LIABILITY

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability to Jimmy Escobar, their elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind, which may hereafter accrue to me.

2. Indemnify and hold harmless Jimmy Escobar, their elected and appointed officials, employees, students, agents, and volunteers, from all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, I have freely signed this waiver on the date indicated.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (Required if under 18 years old): _____

Print Parent/Guardian Name: _____

Contact: Jimmy Escobar @ 786-879-1188 – email: jimmy@whataworkout.com