

Health & Fitness Liability Waiver / Informed Consent Form

Ί,	, have enrolled in the personalized
nealth and fitness program offered through Mousiness, Cody Chiropractic, 1340 Montondo	on Ave., Waunakee, or online by
www.monroerealtraining.com. I recognize the	1 0
chysical activity including but not limited to, cardiovascular conditioning and training, and affirm that I am in good physical condition are condition which would prevent or limit my acknowledge that my enrollment and subsequence way mandated by Monroe Real Training I.	other various fitness activities. I hereby nd do not suffer from any known disability participation in this exercise program. I tent participation is purely voluntary and in
Training LLC.	
In consideration of participation in this prog	ram I
nereby release Monroe Real Training LLC and causes of action as a result of my volunta	nd its employees from any claims, demands,
If fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I,	
HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.	
(Participant Signature)	(Date)
f participant is under 18: AS LEGAL GUARDIAN OF, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.	
(Signature of Parent/Guardian of parti	cipant) (Date)