



Fitness Plus Waiver

Date

dd-MMM-yyyy

Patient Name

First Name

Last Name

Email

Informed Consent & Liability Waiver Release For Participation in an Exercise Program

You should always consult with your doctor before beginning any type of exercise or physical activity.

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is a Waiver, Informed Consent, and Covenant Not to Sue and it is critical that you read it in its entirety.

By your signature below you are acknowledging that you have thoroughly read this Form in its entirety and that you understand the contents. Your signature will also confirm that you understand that this form contains a release of liability and that you are waiving certain rights that you or your successors might have to bring a legal action or assert a claim against LifeCare of Florida, LLC.

Risks *

- ☐ I understand that any exercise or fitness activity involves a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved. I have been informed that during my participation in the above described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop.

Waiver *

- ☐ In consideration of my participation in this program, I hereby waive and release LifeCare of Florida LLC and its successors and assigns, from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated arising from my voluntary participation and enrollment. I do here and forever release and discharge LifeCare of Florida LLC and hereby hold harmless and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this program including any injuries resulting therefrom.

Consent *

☐

I have been given an opportunity to ask questions as to the procedures. I have read this Informed Consent Form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement. Therefore by my signature below I, my heirs or representatives forever release waive, discharge and covenant not to sue LifeCare of Florida LLC.

Patient or Authorized Representative

[Clear](#)

Signor's Printed Name

First Name

Last Name

Witness

[Clear](#)

Printed Name of Witness

First Name

Last Name

Review

Submit