



## Informed Participant Consent Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

I have volunteered to participate in this physical conditioning program. This program includes strength, endurance, and flexibility work. The possible benefits of this program include: improving strength, endurance, flexibility, body posture, balance and alignment.

I know that I have the right to choose what exercise I do or do not participate in, in addition to withdrawing from any exercise at any time. Every effort will be made to minimize injury through supervision during exercise. To my knowledge, I do not have any limiting physical condition or disability which would preclude such an exercise program. I also understand that a physician's examination is recommended prior to involvement in any new fitness program.

I waive any possibility of personal damage which may be blamed on such a program in the future and accept responsibility for requesting this exercise program. I understand that no responsibility is assumed by the owners, directors, employees or licensees of Meant To Move, LLC.

Meant To Move, LLC reserves the right to use photographs and video taken during classes and other programs for the promotion of the organization. Any student, parent, or guardian who does not wish to be photographed or have a child photographed must notify Meant To Move, LLC upon completion of this form by checking the appropriate box.

Yes, I have read the photography policy and agree to any participation, by myself or my child, in photographs or videos used for promotion by Meant To Move, LLC.

I do not want to participate, or want my child to participate in any photographs or video used for promotion by Meant To Move, LLC.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature  
*If participant is under 18 years old.*

\_\_\_\_\_  
Date