

METFitness Liability Waiver / Informed Consent Form

"In consideration of my participation in this program, I hereby release METFitness LLC and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and hereby release METFitness LLC and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness, including COVID-19 related (illness, injuries or death), or soreness that I may incur, including death."

"I grant METFitness LLC, its representatives and staff the right to take photographs of me and my property in connection with the above-identified subject."

"I authorize METFitness LLC its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that METFitness LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and internet content."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____.Signature _____ Date

First Name:_____

Last Name:_____

Phone Number:_____

Email Address:_____

Street Address: _____

Emergency Contact Name:_____

Emergency Contact Phone Number:_____