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**Informed Consent/Release of Liability (\*\*\*Please read carefully)**

**Assumption of Risk and Waiver of Liability:** Participation in any of Northwest BOD, LLC ( Here as known as NW BOD) training sessions as well as following any NW BOD exercise or nutritional recommendations involves inherent risks and I will stop any activity or class if I feel fatigue or discomfort of any kind.

I am in good physical condition and have no known disabilities or ailments that would prevent me from participating in any of NW BOD’s classes or training sessions. I am aware that there is an inherent risk of injury, whether caused by me or someone else, while using equipment or exercising during a class or session, and when I am adhering to recommendations given to me by the staff of NW BOD.

This risk can include, but is not limited to:

* Injuries arising from the use of any of NW BOD’s locations or equipment, including any accidental injuries.
* Injuries arising from participation in supervised and unsupervised activities and programs at a NW BOD location.
* Injuries or medical disorders resulting from exercise while participating in a NW BOD program or training session (i.e. heart attacks, sprains, broken bones, torn muscles, heat stroke)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name), understand and voluntarily accept this risk and agree to assume all risk of injury, while I am using and participating at any of NW BOD’s locations or during training services and during training durations/programs.

I waive any and all claims or actions that may arise against NW BOD, its owners, employees or volunteers as a result of any such injury. This includes and without limitation, personal bodily or mental injury, economic loss, or any damages resulting from the negligence of NW BOD or anyone else at a NW BOD location.

If there is any claim by anyone based on any injury, loss, or damage that involves me, I agree to defend NW BOD against such claims and pay NW BOD for all expenses related to the claim, and indemnify NW BOD for all obligations resulting from such claims. I am aware that this training can involve various forms of exercise, including cardiovascular activity, resistance training, circuit training, and speed and endurance conditioning in different locations in and around Bend, Oregon and anywhere I will be exercising.

I understand that my voluntary entry in this program and/or training sessions, will hereby for myself and my heirs, executors, and administrators, waive, release and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injury to me or my wrongful death) against NW BOD, instructors, staff, and any persons involved in the program and all of its affiliates (this includes but is not limited to instructors, participants, the city of Bend, Deschutes County, and Oregon Department of Transportation), or that may arise during my participation in the NW BOD activities or classes, or while traveling to and from the classes, even if caused in whole or in part by the negligence or other fault of the aforementioned parties or persons.

I completely understand that I may injure myself as a result of my participation in this program and/or training sessions, and hereby release NW BOD and aforementioned facilities from any liability, now or in the future, including but not limited to heart attacks, sprains, broken bones, torn ligaments/muscles, joint pain, and any other illness or soreness caused during or after my participation in this exercise program. It is further agreed that all exercises not using and using equipment, as well as travel to and from NW BOD locations shall be AT MY OWN RISK. This waiver applies to every state/country.

I COMPLETELY UNDERSTAND that I am forever giving up, in advance, any right to sue or make claims against the parties I am releasing, if I suffer any injuries or damages, even though I do not know what or how extensive these injuries and damages might be and am voluntarily assuming the risk of such injuries or damages.

I understand there will be no refunds granted for any reason. A credit will be given towards personal training based on the decision of NW BOD staff.

I understand this consent form and am not under any physical or emotional duress to sign.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT/GUARDIAN:**  **DATE:**