

## **Informed Consent, Waiver of Liability, Photo and Video Release**

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the Fitness Fit Camp offered by Timothy Shuman during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Fit Camp. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in the Fit Camp.
3. In consideration of being permitted to participate in the Fit Camp, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Fit Camp, I knowingly voluntarily and expressly waive any claim I may have against Timothy Shuman, Orlando Kettlebells, or its representatives for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Timothy Shuman, Orlando Kettlebells or its representatives for any injury or death caused by their negligence or other acts.
6. Photo and Video release: In connection with my participation in Timothy Shuman's Fit Camp, I consent to the use of my photograph and video or other likeness in the promotional and other materials of Timothy Shuman's Fit Camp without payment or other consideration made to me.

I have read the above informed consent, waiver of liability, photo and video release and fully understand its contents. I voluntarily agree to the terms and conditions stated above as shown by my signature below.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

If participant is under 18:  
As LEGAL GUARDIAN OF \_\_\_\_\_, I  
CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Witness by: \_\_\_\_\_