



Blue Motion Fitness Inc
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www.bluemotionfitness.com

Informed Consent & Liability Waiver

PROGRAM OBJECTIVES

SUP Board Fitness. I understand that I am attending an aquatic program with varying options of intensity presented to me by Blue Motion Fitness instructor, Tamara Colaizzi.

DESCRIPTION OF THE EXERCISE PROGRAM

I understand that my SUP board fitness lesson/session will involve participation in a number of types of fitness activities. These activities will vary and will include: 1) aerobic activities 2) muscular endurance and strength building exercises including, 3) other activities selected by my instructor and agreed upon by me.

DESCRIPTION OF POTENTIAL RISKS

I understand that no fitness/recreation program is without inherent risks regardless of the care taken by Blue Motion Fitness and that my personal safety cannot be guaranteed. I realize that when participating in any fitness programs, particularly those that induce cardiovascular stress, there is a slight chance of serious injury (e.g., heart attack, stroke, or other cardiovascular accidents) or catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities sometimes results in minor injuries (e.g., bruises, musculoskeletal strains and sprains), less frequent, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and rarely, catastrophic injury (e.g., death, paralysis).

PARTICIPANT RESPONSIBILITIES

I understand that it is my responsibility to 1) fully disclose any health issues or medications that are relevant to participation in a strenuous exercise program; 2) cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing, apparent injury) during the exercise program; and 3) clear my participation with my physician.

PARTICIPANT ACKNOWLEDGEMENTS

In agreeing to this exercise program:

- I acknowledge that my participation is completely voluntary
- I understand the potential physical risks involved in the exercise program
- I acknowledge that I am able to ask questions regarding any concerns I might have, and have those questions answered to my satisfaction.
- I am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult with a physician prior to beginning this program.
- I have been advised to cease activity immediately if I experience unusual discomfort and feel the need to stop.
- I assume all risk associated with my participation in any event hosted by Blue Motion Fitness
- I acknowledge that events may be photographed and I consent to the use of any pictures or videos for the purpose of normal publicity and promotion of Blue Motion Fitness without charge.

I have read and understand the above agreement; I have been able to ask questions regarding any concerns I might have; I have had those questions answered to my satisfaction; and I am freely signing this agreement.

Signature of Participant

Printed Name

Date

Tamara Colaizzi
Signature of Trainer

Tamara Colaizzi
Printed Name

2024
Date