

**BE THE CATALYST FITNESS
WAIVER AND RELEASE FORM
PLEASE READ, DATE AND SIGN**

I, _____, **(known as Participant)** volunteer to participate in a program of live physical exercise under the direction of **Be The Catalyst Fitness, and/or Shauna Ulmer(known as Instructor)**. In consideration of Be The Catalyst Fitness and/or Shauna Ulmer, I do here and forever release and discharge and hereby hold harmless Be The Catalyst Fitness and/or Shauna Ulmer from any and all claims, demands, damages, right of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom. I, _____ **the participant** fully understand that the exercise program may be strenuous and I choose to participate voluntarily.

I hereby give my consent and approval to the participation of myself in the program conducted by Be The Catalyst Fitness and/or Shauna Ulmer and I certify that I am physically fit to take part in all activities. I do hereby waive, release, and forever discharge Be the Catalyst Fitness and/or Shauna Ulmer from any and all claims for damages, injury, including death, or loss of property that may be sustained by myself the participant while engaging in any content provided by Be The Catalyst Fitness and/or Shauna Ulmer.

I am under the age of 18 and will require permission and a signed waiver from a parent/guardian in order to participate.

I, _____ **ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS ARELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

NAME OF PARTICIPANT: _____ **(Printed)**

SIGNATURE OF PARTICIPANT or PARENT/GUARDIAN (If under 18) _____

Dated this _____ **day: of** _____, **2022.**

DISCLAIMER

You should consult your physician or other health care professional before starting this or any other fitness program to determine if it is right for your needs. This is particularly true if you or your family have a history of high blood pressure or heart disease, or if you have ever experienced chest pain when exercising or have experienced chest pain in the last month when not engaged in physical activity, if you smoke, have high cholesterol, or been diagnosed as obese, or have a bone or joint problem that could be made worse by a change in physical activity. Do not start this workout if your physician or healthcare provider advises against it. If you experience faintness, dizziness, pain, or shortness of breath at anytime while exercising you should stop immediately. If you have any concerns or questions about your health you should always consult with a physician or other health care professional. If you think you are having a medical or health emergency, call your health care professional or 911 immediately.