



**Stable Life Health and Fitness Liability Waiver/
Informed Consent Form**



I, _____, have enrolled in a program called StableFit offered through **Stable Life, Inc.**

I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am willing to push to the limits of my physical ability in order to determine my maximum physical God-given ability.

I acknowledge that my enrollment and subsequent participation is purely voluntary and is in no way mandated by **Stable Life, Inc.**

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program. These injuries may include, but are not limited to, heart attacks, strokes, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death.

In consideration of my participation in this program, I, _____, hereby voluntarily release **Stable Life, Inc.**, its owners, officers/directors, employees, agents, affiliates and successors and contract personnel from any and all claims, causes of action for damages, judgments, expenses and attorney's fees that may arise in any way from my participation in the StableFit program. I, _____, further release **Stable Life, Inc.** from any liability or responsibility for accident, injury, or illness to the undersigned or their family members or spectators accompanying them.

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

_____ (Client/Participant's signature)

_____ (Signature of parent or guardian if applicable)

_____ (Witness) _____ (Date)