



## Waiver and Informed Consent

I am aware that health and fitness activities may range from vigorous cardiovascular activity (e.g. aerobics, bicycles, treadmills, stair climbing or bench jumping) to the strenuous exertions of strength training (e.g. free weights, Spri tubes). I understand that participating in these and other physical activities with iQuest, Fresh Air Experience, or Fact-Education involve certain inherent risks, including but not limited to: death, serious neck and spinal injuries resulting in complete or partial paralysis; heart attacks; and injury to bones, joints, and/or muscles. I understand that injuries associated with finger poke lactate testing including potential bruising, bleeding, or infection may occur. My participation is voluntary with full knowledge of such inherent participatory dangers and I hereby agree to assume any and all inherent risks of property damage, personal injury or death.

In consideration of my training with iQuest, Fresh Air Experience, or Fact-Education I hereby waive and release iQuest, Fresh Air Experience, or Fact-Education its owners, employees and agents, from any and all present and future claims resulting from ordinary negligence on the part of iQuest, Fresh Air Experience, or Fact-Education for personal injury or death. This includes all claims arising as a result of using the facility/home and equipment, engaging in activities with or any activities incidental thereto. On behalf of myself, my family, estate, heirs or assigns, I hereby voluntarily waive any and all claims resulting from ordinary negligence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Witness