



## Consent/Hold Harmless Agreement

I, the undersigned, in consideration of the many and varied benefits of practice and play held at Foresi's Individualized Training, LLC facility, do hereby for myself forever release, acquit, and discharge Foresi's Individualized Training, LLC and all of its directors, coaches, and staff collectively from any and all claims, demands, actions, and causes of action which I or my representative may have by reason of any injury or illness, which may occur as a result of the use of Foresi's Individualized Training, LLC facilities.

As further consideration, I hereby agree to indemnify and save harmless Foresi's Individualized Training, LLC and all of its personnel individually and collectively against any and all further claims for damages, costs, and expenses by or on my behalf arising out of the use of Foresi's Individualized Training, LLC facilities.

In addition, I represent that, to the best of my knowledge and belief, I have no physical infirmity or disability. I also give my permission and consent to Foresi's Individualized Training, LLC to act in my behalf to authorize medical treatment should it be required.

Consent to Photograph: Member (or parent/guardian if member is under 18 years of age) grants permission to F.I.T to publish and utilize photographs for inclusion in any publication authorized by Foresi's Individualized Training LLC. If at any time I do not want to be included in any photos or videos, I will put my denial request in writing to F.I.T. Member (or parent/guardian if member is under 18 years of age) also agrees to allow F.I.T to use photographs, negatives, images, reprints, and videos to be used for print advertising/marketing presentations to the public, through all media, including web sites and/or display units. The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or producing images

Name of Participant: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(Please print)

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If over the age of 18)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**\*\*\*Parent/Guardian Signature required for those individuals under the age of 18.\*\*\***