

MEDICAL RELEASE

Lisa Shepherd, Personal Trainer and Nutrition Coach is concerned with the health and well-being of her athletes and those who participate in training programs with her. However, she does not provide physical examinations for any athletes who train in her programs. Therefore, it is necessary for such individuals to certify that they are in adequate physical condition to participate in the training programs that are provided and to release Lisa Shepherd from liability for not providing medical examinations, athletic trainer's examinations or physical fitness assessments. Lisa Shepherd urges all athletes who participate in any of her programs to have a physical examination before any of your training begins.

I (name of athlete), _____ warrant that I am in adequate physical condition for the purpose of participating in training programs. I am informed that Lisa Shepherd and her respective trainers as well as her employees and assistants are not responsible for knowing my physical condition at this time. Further, Lisa Shepherd and her trainers as well as employees and assistants are not responsible for granting me medical clearance to participate in training programs.

In consideration for Lisa Shepherd granting him/her permission to engage in said training programs, I hereby release Lisa Shepherd from any and all liability, claims, costs, expenses, injuries or losses that (Name of Athlete), _____ may have, attributable in whole or in part to my not having been physically examined by a physician. Further, I hereby assume the risk of any

and all injuries, even those that are life threatening that occur as a result of participation in training programs with Lisa Shepherd

Athlete's Name (please print) _____

Athlete's Signature _____ Date _____

Parent Signature if Under Age 18 _____

Email address _____

Please List any injuries / hospitalization (s) in the past year: