



INFORMED CONSENT

Balance Boot Camp Informed Consent Agreement

Participant Name: _____

Date: _____

Program Overview

I understand that the Balance Boot Camp is a fitness program that will include physical activities such as balance exercises, strength training, and stretching. The program is designed to improve balance, coordination, and overall fitness, but it may involve exertion that could cause discomfort or injury.

Voluntary Participation

I acknowledge that my participation in the program is completely voluntary. I understand that I am free to withdraw from the program at any time without penalty.

Physical Exertion

I understand that the program may involve physical activities that could be physically demanding. I agree to participate in the activities to the best of my ability and acknowledge that I am responsible for my own health and safety during the program.

Withdrawal from Program

I understand that if I feel I am unable to continue due to injury or discomfort, I should inform the instructor immediately and withdraw from the program if necessary.

Privacy and Confidentiality

I understand that my personal information, including health details, will be kept confidential and used solely for the purposes of the program. It will not be shared with third parties without my consent, unless required by law.

Participant Signature: _____

Date: _____