

**KETTLEBELL TRAINING EXERCISE  
PROGRAM PARTICIPANT  
MEDICAL DISCLAIMER,  
INFORMED CONSENT WAIVER AND RELEASE**



I, \_\_\_\_\_ have hereby enrolled in a program of strenuous physical activity (“the program”) including but not limited to kettlebell exercises, aerobic routines, weight training, calisthenics, and various martial arts techniques offered by Howard Brewer, conducting business under the name Kettlebells NY. I hereby affirm that I am in good physical condition and do not suffer from any health condition, illness, disease or disability which would prevent or limit my participation in this exercise program. If I should develop any such condition, illness or disease, I agree that I will not participate in the program until I have an appropriate medical release form from a physician.

I fully understand that I may injure myself as a result of my participation in the program and I expressly assume the risk and responsibilities for any and all accidents or injuries of any kind which I may sustain by reason of my participation in the program. I understand that Howard Brewer, does not have any obligations for the maintenance of any equipment or facilities or for my safety.

Having read this waiver and knowing these facts, in consideration of my participation in the program, I, for myself, my heirs and assigns, and anyone entitled to act on my behalf, waive and irrevocably and unconditionally release and forever discharge Howard Brewer, from all and any claims, demands, causes of action, or liabilities whatsoever, including attorneys fees, arising from my participation in this program, *even though that damage or injury may arise out of negligence or carelessness on the part of those named in the waiver.*

I hereby affirm that I have read and fully understand the above.

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Witnessed by \_\_\_\_\_  
Date \_\_\_\_\_