

**Waiver and Informed Consent Form for Martial Art & Martial Fitness® Training  
The Welch Martial Art Experience, LLC & One Source Progressive Fighting**

**Client Contact Information:**

**Name** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Phone (home):** \_\_\_\_\_  
**In case of emergency, contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**General Statement of Program Objectives and Procedures:**

Welcome to The Welch Martial Art Experience – Fitness Concepts Empowering Life! Our martial art and trademarked Martial Fitness® program includes exercise to build the cardio respiratory system(heart and lungs), the musculoskeletal system (muscle endurance, strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat with an increase in weight of muscle and bone). Exercise may include aerobic activities (walking, running, heavy bag drills, jump rope, cardio machines, group aerobic activity and other aerobic activities), callisthenic exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

**Description of Potential Risks:**

I understand that the reaction of the heart, lung, tissue, joints, bones and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during exercises which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury. I understand that my personal coach/trainer, The Welch Martial Art Experience, LLC nor One Source Progressive Fighting or trainers shall not be liable for any injuries sustained by me, the client, while and during the personal training program. By using the exercise equipment during the personal training program I am doing so at my own risk. I assume full responsibility for any injuries or any damages which may occur during the training.

I hereby fully and forever release and discharge The Welch Martial Art Experience, L.L.C. and One Source Progressive Fighting as well as its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand the inherent risks in working out and I agree that I am in good physical condition and that I have no known disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, comfort, or physical condition if I engage or participate in rigorous exercise.

I state that I have had a recent physical checkup and have my personal physician's permission to engage in intense aerobic and/or anaerobic conditioning.

**My promise:**

I promise to listen to the body's warning symptoms, and immediately stop what I am doing and consult a doctor if any exercise causes chest pain, irregular heartbeat, unusual fatigue, nausea, unexpected breathlessness, or light-headedness.

I have read the forgoing information and understand it.

**Signature of Client** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_