

PLEASE READ THE BELOW STATEMENT AND SIGN WHERE INDICATED.

I, _____ understand that the information collected by
Sharp Health and Fitness will be used for fitness/nutrition evaluation
purposes and for the design, implementation, progression, and maintenance of an individualized fitness program
only. I further understand that all such information is confidential and will not be shared with anyone without
my prior written authorization, except in the case of a medical emergency or to the minimum extent necessary to
achieve a safe and effective fitness program. I also agree that no information provided to me shall be shared with
anyone without verbal/written consent by Sharp Health and Fitness.

NAME: _____

SIGNATURE: _____

DATE: _____

SIGNATURE OF PARENT: _____
or GUARDIAN (for participants under the age of majority)

WITNESS: _____