

**iGnite Your Life, LLC Physical Training**

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Phone Numbers: \_\_\_\_\_

**Emergency Medical Authorization and Liability Waiver**

I, the undersigned, hereby certify that I have authority to sign this waiver and authorization for medical treatment in the following emergency situations. I hereby give permission for Neissa Brown Springmann to seek during the period of workout sessions with iGnite Your Life, LLC ("iGnite"), appropriate medical attention to be given and for me to receive medical attention in the event of an accident, emergency injury, or emergency illness. I will be responsible for any and all costs of the medical attention and treatment. I further agree that I am in good medical condition and able to participate in the activities in iGnite.

I, the undersigned, for myself, my heirs, executors and administrators, waive, release, and forever discharge Neissa Brown Springmann and/or iGnite, and its staff, officers, agents, employees, representatives, successors, and assigns of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in iGnite activities and work-out sessions, whether or not damages, injury or not damages, injury or loss are due to negligence.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_