

Marie Murphy Health & Fitness

Consultant Exercise & Nutrition Specialist
Former Irish Olympian
www.mariemurphyhealthfitness.com

Participant Consent and Waiver Release Form

I, _____ (*please insert name*) wish to participant in the **Murphy (METs) Programme**.

I have read the information provided and I understand that the **Murphy (METs) Programme** is a personalized exercise programme, tailored for me by Marie Murphy.

I also understand that when participating in any exercise or conditioning activity, there is always a possibility that injuries and accidents can occur. I accept the risks of participating in a training programme of this type. I am in good physical condition and I am satisfied that I am able to participate in the following training programme.

Murphy (METs) Programme

I can also confirm that I have discussed my suitability for this programme with my General Practitioner and have received clearance to participate. I understand that Marie Murphy Consultant Exercise & Nutrition Specialist is relying on this information in permitting my participation in the **Murphy (METs) Programme**. Should I experience any difficulties while participating on the programme, I will inform Marie Murphy and General Practitioner immediately.

I will not hold Marie Murphy, any of the staff associated with the programme (partners, affiliates, employees, agents, representatives, and successors), the City of Dublin and all other sponsors, their representatives and successors liable for any personal injury, damage, loss or expense suffered as a result of my participation in the **Murphy (METs) Programme**. I participate solely at my own risk.

I agree to follow all of the rules of the **Murphy (METs) Programme**. I have read the foregoing information and understand it. Any questions which have occurred to me have been answered to my satisfaction.

Date _____

Participant's Signature

Print Name