

The  
**PARKINSON**  
Center for Mobility

This form is a legal document. It explains the risks that the participant is assuming by beginning an exercise program. It is important that you read and understand it completely.

**Waiver and Release of Liability**

I, have volunteered to participate in a strength/fitness program under the direction of The Parkinson Center for Mobility, which will include, but may not be limited to strength and/or cardiovascular training. I agree that I am doing so at my own risk. In consideration of The Parkinson Center for Mobility, this agreement to instruct, assist and train me, I do hereby release and discharge and hold harmless The Parkinson Center for Mobility and its parent company JennXercise, LLC., and their respective agents, heirs, contractors from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this exercise program. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (1) equipment malfunction (2) slip, fall and/or dropping of equipment (3) instruction or supervision.

**Consent and Assumption of Risk**

I am informed and aware that any exercise program is potentially a dangerous activity. I hereby consent to voluntarily engage in an exercise program under the direction of The Parkinson Center for Mobility, I am aware and acknowledge that any exercise program involves the possible risk of injury as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke or death. I hereby agree to expressly assume and accept any and all risk of injury regardless of severity or death. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

**Nutritional Information**

During the course of training/exercise sessions any discussion about nutrition or diet are not part of the training/exercise program. No part of any fees charged cover or include nutritional or dietary information.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I acknowledge that I have read this form and its entirety and fully understand that it is a release of liability. By signing this document, I am waiving my right I or my successors might have to bring legal action or assert a claim against The Parkinson Center for Mobility or its parent company JennXercise, LLC.

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

Please Print Name \_\_\_\_\_

Guardian if participant is under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Emergency Contact and Number \_\_\_\_\_