



Informed Consent Form

I hereby voluntarily give consent to engage in a group exercise class. I understand that the exercise class will involve progressive stages of increasing effort and that at any time I may terminate my participation for any reason. I understand that during the class I may be encouraged to work at sub-maximum effort and that it is my duty and responsibility to work at a level that is appropriate for me.

I understand that I am responsible for monitoring my own condition throughout the exercise class, and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in the exercise class, I agree to assume all risks of such exercise, and hereby release and hold harmless *Renee Eades, Sarah Bailey, Sincere Touch Massage Therapy, LLC, and their agents, employees, instructors*, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the group exercise classes.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Participant name (please print) _____

Participant Signature (parent if signing for minor)

_____ Date _____

Participant emergency contact with phone number

Participant e-mail address _____