

# jeannie fitness

## Group Workout Class - Waiver of Liability

I \_\_\_\_\_ the undersigned, have enrolled in a fitness/exercise program of strenuous physical activity which may include but is not limited to aerobic conditioning, cardiovascular conditioning, weight training, strength training, and/or flexibility training offered by Jeannie Warfel-Letourneau and their staff. In consideration of my participation in this fitness/exercise program, the undersigned, of myself, my heirs and assigned, hereby release Jeannie Warfel-Letourneau (it's owner, employee facility, organization, business or any persons involved with the fitness/exercise program), from any claims, demands and causes of my participation in the fitness/exercise program and I do hereby release Jeannie Warfel-Letourneau (it's owner and employees), from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back/foot injuries, and any other illness, soreness or injury that may have incurred during or after my participation in the fitness/exercise program.

**I here by affirm that I have read and fully understand the above.**

Client Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Physicians Examination Waiver

**ATTENTION: You should consult with your physician before beginning fitness/exercise classes or any type of workout program. Factors unknown to you may have an adverse effect on your physical well-being, including death. You should inform your physician that you are about to begin a fitness/exercise program.** By signing this document, I acknowledge that I am aware of the potential risks that could occur and that I should consult with and obtain a physician's approval prior to beginning a fitness/exercise program. If I choose not to get a physician's approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I hold harmless of any responsibility, the trainer/instructor, facility, organization, business or any persons involved with the fitness/exercise program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_