AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

This form covers all classes and/or programs offered by Anovo Therapeutic Fitness and Physical Therapy, a TherHab® Network Provider.

Please fill out the following, being sure to read and initial each paragraph.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to the following:

That I am participating in group fitness classes or other programs offered by Anovo Therapeutic Fitness and Physical Therapy, a TherHab® Network Provider, during which I receive education, information, and instruction about exercise, wellness and prevention. I recognize that these group classes and programs may require physical exertion, which may be strenuous. Although unlikely, physical injury could occur. I am fully aware of the risks and hazards involved and I agree to assume any responsibility to any injury. I will follow all instructions and modifications recommended by my instructor. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that it is my responsibility to consult with a physician prior to regarding my participation in group fitness classes and/or programs. I represent and warrant that I am physically able to participate in exercise classes and I have no medical condition that would prevent my full participation in this group physical therapy exercise classes and/or programs. \_\_\_\_\_\_\_\_\_\_\_

I have read and understand the Exercise Guidelines for participation in TherHab® exercise classes. \_\_\_\_\_\_\_\_\_\_\_

I agree to inform my TherHab® Instructor of any physical limitations, physical discomforts and/or injuries before or during fitness classes and/or programs, and I take full responsibility for non-disclosure. \_\_\_\_\_\_\_\_\_\_\_

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above. \_\_\_\_\_\_\_\_\_\_\_

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