

LIABILITY & RELEASE AGREEMENT

For Client _____ **(print your name)**

I understand that I will be participating in a fitness program through Jean Marie Fitness & Pilates LLC that will require physical exertion. Although the most common injuries or symptoms associated with exercise involve sprains, strains, dizziness, fainting, and/or discomfort in breathing, I recognize that there is risk of serious injury (and in extreme cases death) associated with any fitness program. I understand that it is my responsibility to obtain the approval of my doctor before beginning a fitness program through Jean Marie Fitness & Pilates LLC, and I have had the opportunity to do so. Before beginning this program, I also was asked by a member of the fitness staff at Jean Marie Fitness & Pilates LLC whether I have any physical or mental limitations or whether I am taking any medications or receiving any medical treatment, that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those that I have written on the Medical History Form.

I understand that, by signing this statement, I am agreeing not to hold Jean Marie Fitness & Pilates LLC or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that I may suffer because of my participation in a fitness program through Jean Marie Fitness & Pilates LLC. As such, I understand and agree that Jean Marie Fitness & Pilates LLC, its employees, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Jean Marie Fitness & Pilates LLC.

Client Signature _____ Date _____

If you are a parent or guardian of minor participant, please sign/date here:

Parent of Guardian Signature _____ Date _____