

Exercise Class Informed Consent and Liability Waiver Release

INFORMATION

Name: _____

Email: _____

Phone (cel): _____ (Home): _____

Age: _____ Known health concerns: _____

Fitness Level (on a scale of 1-10)

(I never work out) 1 2 3 4 5 6 7 8 9 10 (I work out daily)

CONSENT

I agree and consent to the following: I am voluntarily participating in the (check all that apply)

Cadio Drumming exercise program conducted by **Christine Johnson** at **St. Andrew the Apostle Catholic Church**.

Pietra Fitness program presented in DVD format at **St. Andrew the Apostle Catholic Church**.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program(s).

I recognize that the program(s) requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I represent and warrant that I have no medical condition that would prevent my participation in the program. I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against **St. Andrew the Apostle Catholic Church** and the instructor, **Christine Johnson** for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release waive, discharge and covenant not to sue **St. Andrew the Apostle Catholic Church** and **Christine Johnson** for any injury or death caused by their negligence or other acts.

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

Date: ____/____/____ Print Name: _____

Signature: _____

Emergency Contact (Name): _____

Relationship to you: _____ Cell Phone No: _____

For office use:

Paid: \$ _____ Check no.: _____ Cash: _____ Date: _____