

GROUP EXERCISE WAIVER AND RELEASE FORM

I, _____, acknowledge that a Group Exercise Program is designed to improve my personal fitness by providing personalized and motivational attention by a qualified Group Instructor. I understand that there may be health risks associated with activities using physical exertion in a Group Exercise program. The health risks include, but are not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. If I experience any of these or any other symptoms while exercising, I will discontinue the activity, notify the Group Instructor, and consult my physician.

I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in this Group Exercise Program. I am participating in the Group Exercise Program with knowledge of the dangers involved. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult my personal physician for further evaluation and such medical care as I require.

I acknowledge that my participation in the Group Exercise program is at my sole risk. You are advised to consult with your personal physician before participation in the training sessions. If any client refuses to consult their physician before participating in any exercise program they must sign a Release of Liability Form and sign a Refusal of Medical Consultation Form (Members who have had a physical exam within the year will also need to sign this form) If recommended by your physician, you should consult with him/her on a regular basis. The Group Instructor or other fitness staff will not be responsible for monitoring your compliance with your physician's recommendations. Even consultation with your regular physician is in no way a guarantee against the possibility of adverse occurrences during the training sessions.

In consideration for my voluntary participation in the Group Exercise Program I, my family, heirs, executors, representatives, administrators, and assigns do hereby waive, release, and forever discharge the company known as Fit2Be, and their respective managers/officers, directors, employees, and agents; and my group instructor, from any and all responsibilities, liabilities and lawsuits, present or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of or access to the Fit2Be Services/Programs and my participation in the Group Exercise Program. This waiver includes, but is not limited to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise or recreation activity or fitness testing associated with the Group Exercise Program. I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by the company known as Fit2Be and/or my Group Instructor.

I certify that I have read the above Group Exercise Waiver and Release of Liability and have had any questions answered to my satisfaction.

Client: _____ Date: _____

Fit2Be Staff: _____ Date: _____