

Marie Christine's Dance and Fitness

Waiver & Consent Form

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By signing below, I do hereby voluntarily consent to an exercise program as outlined by the various fitness methods taught by certified/qualified instructors at this studio.

I, the undersigned, knowingly and voluntarily assume any and all risks of, and take full responsibility for, any personal injury, death and/or damage to personal property that may arise from services and/or products received by me in connection with various fitness methods taught by certified/qualified instructors, apprentices, representatives or relatives.

I understand these various fitness methods are forms of physical activity with the purpose of increasing my body awareness, core strength, balance, breath control, overall strength and flexibility, and postural alignment. The exercises may be done on the mat or with quality equipment designed for this purpose. I understand that whether I am working in a private or semi-private session, my instructors have my best interest in mind and I will communicate if an exercise is uncomfortable at any time.

***** (participant initials _____). *Acknowledgement of possible physical strain*

I agree to listen to my instructors and heed all warnings, cautions and instructions during all workouts to ensure my safety. I understand that exercise with various fitness equipment has risks, I accept these risks, and do not hold the instructors or studio responsible should any injury result in relation to the equipment. I do not hold my fitness instructors or Marie Christine's Dance and Fitness responsible for any physical ailments as a result of workouts in the studio, or as a result of any exercises performed outside the studio under the recommendation Marie Christine's Dance and Fitness.

***** (participant initials _____). *Let instructor know of any pain or discomfort- ask for exercise modification*

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio-respiratory system (dizziness, difficulty breathing, and heart strain). I hereby acknowledge and accept these risks. I agree to inform my instructors immediately should I start feeling unwell during any exercise. To my knowledge, I have neither limiting physical conditions nor disability that would preclude an exercise program. I hereby certify that I know of no medical problem (other than those noted - optional) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

***** (participant initials _____).

If pregnant, it is required to obtain a physician's note of approval stating that you are allowed to participate in this exercise program prior to any classes.

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Optional: List, date and describe all relevant medical injuries/surgeries/physical limitations (if any):

I hereby acknowledge that I understand and agree to the Marie Christine's Dance and Fitness waiver and consent form.

***** (participant initials _____).

My signature is proof I have carefully read and understand all of the above information and am fully aware of what I am signing. I am 18 years of age or older and I am signing freely & voluntarily to enter into this waiver. I acknowledge that this is a full release of all liability.

Signature: _____ **Today's Date:** _____

Name (print): _____

Telephone: _____

Email: _____

Groupon Voucher # (if applicable): _____

I hereby grant permission for my child, _____, to participate in Marie Christine's Dance and Fitness classes under the terms listed and fully release Marie Christine's Dance and Fitness, all instructors and anyone related of all liability.

Emergency Contact: _____

Telephone: _____