

move·ment

Waiver of Liability and Informed Consent

1. In consideration of being allowed to participate in the activities of move·ment, and to the use of its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge move·ment and its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of move·ment or the use of any equipment at various sites, including home, provided by and/or recommended by move·ment.
PLEASE INITIAL _____
2. I have been informed of, understand, and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand, and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding, and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. PLEASE INITIAL _____
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity,

exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment.

PLEASE INITIAL _____

4. I understand that movement provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being, or a medical opinion relating hereto. PLEASE INITIAL _____

5. I understand the cancellation policy of 24 hours notice

PLEASE INITIAL _____

Agreed this ____ day of _____, _____

_____ Client Signature