

## Waiver and Release Form

Because physical exercise can be strenuous and subject to risk of serious injury, consult your health professional before beginning this or any other exercise program.

You agree that by participating in physical exercise or training activities, you do so **entirely at your own risk**. You agree that you are voluntarily participating in these intense activities including, but not limited to, weight lifting, walking, jogging, running, stretching, and other aerobic activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity that places stress on the cardiovascular system.

You understand that you are responsible for monitoring your own condition throughout the exercise programs and should any unusual symptoms occur, you will cease your participation and inform your instructor of the symptoms. Also, in consideration for being allowed to participate in the exercise programs, you agree to assume the risk of such exercise, and further agree to hold harmless Remix Workouts and its instructor conducting the exercise programs from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from an injury or death, accidental or otherwise, during, or arising in any way from the exercise programs.

You understand that photos or video may be taken during the course of your involvement in Remix Workouts' programs, which may be used for promotional purposes. Also, if your health status or doctor's recommendations for exercise participation should change, you will inform your instructor.

You acknowledge that you have read carefully this "Waiver and Release" and fully understand that it is a **release of liability**.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Health Questionnaire - Circle Yes or No**

1. Has your doctor ever said you have a heart condition <i>and</i> that you should only do physical activity recommended by a doctor? Yes or No
2. Do you feel pain in your chest when you do physical activity? Yes or No
3. In the past month, have you had chest pain when you were not doing physical activity? Yes or No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes or No
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? Yes or No
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or your heart condition? Yes or No
7. Do you know of <i>any other reason</i> why you should not do physical activity? Yes or No