

AnghexaFitness

FITNESS CLASS WAIVER

All information received on this form will be treated as strictly confidential.

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I wish to participate in the exercise and training program offered by AnghexaFitness. I understand there are inherent risks in participating in an exercise program. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. I agree that AnghexaFitness shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge AnghexaFitness, her company's owners, employees, agents and/or assigns, from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

- 2) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my instructor(s).

- 3) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

- 4) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my instructor(s).

- 5) I understand that should my instructor(s) become ill or be away on holiday, another instructor may be assigned to me so that my fitness progress does not suffer.

I have read this Release and Terms of Agreement and I understand all of its terms.