

## GROUP EXERCISE WAIVER AND RELEASE OF LIABILITY 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 Exercise Instructor. I understand that there may be health risks associated with activities using physical exertion in a Group Exercise Program. These 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 am 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. I have been advised to consult with my personal physician before participation in any and all Group Exercise Programs. If any client refuses to consult their physician before participating in any exercise program they must sign a Refusal of Medical Consultation Form. The Group Instructor or other fitness staff is not 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 Group Exercise Program. 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 Get Fit, LLC, and their respective managers/officers, directors, employees, and agents; and my Group Exercise 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 Get Fit, LLC 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.

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

Print Name: \_\_\_\_\_

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Get Fit, LLC Staff: \_\_\_\_\_ Date: \_\_\_\_\_



## REFUSAL OF MEDICAL CONSULTATION

\_\_\_\_\_(Initial) I certify that I do not wish to consult with my physician before I participate in a fitness assessment, personal training, group exercise class or any other programs/services offered through the company known as Get Fit, LLC.

My last physical examination was \_\_\_\_\_ and to the best of my knowledge I am healthy and able to participate in all programs and services provided by Get Fit, LLC voluntarily.

I have also signed the Agreement and Release of Liability Form.

### **Photo/Video Release**

**I hereby grant Get Fit, LCC permission to use my photograph/video image in any and all publications for Get Fit, LLC including website and social media entries, without payment or any other consideration in perpetuity. I hereby authorize Get Fit, LLC to edit, alter, copy, exhibit, publish or distribute all photos and images. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears.**

**Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge Get Fit, LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate may have.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_