



## WAIVER OF LIABILITY AND INFORMED CONSENT

I, \_\_\_\_\_, have enrolled in a program of strenuous physical activity including, but not limited to, aerobic conditioning, weight training, yoga and flexibility training, and the use of various aerobic and strength conditioning machinery offered by *Gretchen Driscoll DBA Balance Training Studio* (hereinafter referred to as *Balance Training Studio*). I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

In consideration of my voluntary participation in *Balance Training Studio's* exercise program, I, \_\_\_\_\_", for myself, my heirs and assigns, hereby release *Balance Training Studio* (its employees and owner), from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in *Balance Training Studio's* exercise program and I, \_\_\_\_\_", hereby release *Balance Training Studio* from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness or injury, however caused during or after my participation in the exercise program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby affirm that I have read and fully understand the above.

\_\_\_\_\_  
Signature

\*\*\* *Balance Training Studio* strongly recommends that you receive your physician's approval before beginning any exercise program.