



*Fitness Influence*

**Fitness Influence Agreement of  
Release and Waiver of Liability**

I, \_\_\_\_\_ hereby agree to the following:

1. That I am participating in the exercise classes, workshops or health programs offered by Fitness Influence during which I will receive information and instruction about fitness, nutrition, yoga and/or health. I recognize that exercise requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the exercise classes, health programs or workshops offered through Fitness Influence. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in these exercise classes, health programs or workshops.
3. In consideration of being permitted to participate in the exercise classes, health programs or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the programs(s) offered by Fitness Influence.
4. In further consideration of being permitted to participate in the exercise classes, health programs or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Fitness Influence for injury or damages that I may sustain as a result of participating in these programs.
5. I understand that from time to time during yoga classes and exercise classes, the instructor may physically adjust students' form and posture. If I do not want such physical adjustments, I will so inform the instructor at each class I attend. I also acknowledge that if I do wish to receive such adjustments, it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time.
6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Fitness Influence for any injury or death caused by their negligence or other acts.
7. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

As Legal Guardian of \_\_\_\_\_, I consent to the above.

\_\_\_\_\_  
Signature of Parent or Guardian of Participant

\_\_\_\_\_  
Date

Fitness Influence and our instructors promise to keep all of the above information confidential.

Thank you for being a part of Fitness Influence!!!