

Exercise Instruction and Release Form

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Number: _____ Work Number: _____

E-mail: _____

Emergency Contact: _____

Physical Limitations: _____

THIS IS A RELEASE. PLEASE READ BEFORE SIGNING:

I hereby represent and stipulate that 1) I have been fully advised of the existence, nature, risks and possible consequences of exercises 2) I have been given the opportunity to ask any questions concerning the existence, nature and extent of such risks of injury; 3) I have been urged to seek independent medical advice from a licensed physician regarding the risks of exercise before participating in same; 4) I have represented to Mary Accinelli that I am physically sound, in good health, and do not have any physical or mental condition, impairment or limitations that would make it unsafe, unhealthy or unwise for me to exercise or participate actively in exercise classes. I agree that all exercises and lessons shall be undertaken at my sole risk and that Mary Accinelli shall not be held liable for injuries, losses or damages to my person or property arising out of, or connected with the use of the services of Mary Accinelli. I do hereby forever release, waive, discharge and covenant not to sue Mary Accinelli from all such causes of action to the fullest extent allowed by the law. I agree to stop exercising if I feel weak, faint, nauseated, or unduly tired, uncomfortable, or in pain. If under 18 years old, parent/guardian must sign: I give me permission for my child to participate in exercise classes, and consent to the above terms and conditions.

I am signing this of my own free will, after careful consideration, and without duress or pressure from Mary Accinelli or anyone else.

Name: _____

Signature: _____ Date: _____