

Waiver of Liability

Date _____

Class Name _____

I _____ (Full Name), the undersigned, have enrolled in a Fitness program lead through Infinite Balance & Wellness LLC. I recognize that the program may involve strenuous physical activity, which may include, but is not limited to, aerobic conditioning, strength training, flexibility, breath work, meditation movements and other physical movements offered by Infinite Balance & Wellness LLC. 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 any physical fitness program. I acknowledge that I have either a physical examination and have been given Physician's permission to participate, or that I have decided to participate in activity and use of equipment without the approval of my Physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Infinite Balance & Wellness LLC.

In consideration of my participation in this voluntary program,

I, _____, hereby release Infinite Balance & Wellness LLC and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Infinite Balance & Wellness LLC and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness however caused, occurring during or after participation in a class or session put on by Infinite Balance & Wellness LLC that I may incur.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Client Signature _____

Date _____

E-mail _____

Name (Printed) _____

Phone Number _____

Infant/ Child Name: _____

Age _____ DOB ____/____/____

Fitness & Medical History:

Heart Disease	YES NO Under Dr. care? YES NO	High Cholesterol Level	YES NO
Shortness of Breath or Chest Pain	YES NO Inhaler? YES NO (if "yes", please bring inhaler to class)	Back Pain	YES NO
High Blood Pressure	YES NO Levels: _____	MS	YES NO
Significant Bone/Joint/Muscle Pain	YES NO Location: _____	Vertigo	YES NO
Cigarette Smoking	YES NO Levels: _____	Parkinson's	YES NO
Diabetes	YES NO Insulin Dependent? YES NO	Pregnant	YES NO
		Due Date	____/____/____

Any other? Please explain: _____

Are you currently taking any medication(s)? YES NO Type: _____

Are you active? YES NO Times per week: _____ Minutes per session: _____

Fitness Programs (Previous or Current): _____

Any other Medical or Health Concerns: _____

Emergency Contact Info: Name: _____

Phone: _____ Cell: _____

Address: _____

Doctor: _____ Dr. Phone #: _____