

Waver of Liability/ Informed Consent

I, _____, have enrolled in a program of strenuous physical activity including, but not limited to, a cardio/aerobics and/or strength and flexibility exercise program or fitness test offered by Jennifer Janda. 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 participation in Jennifer Janda's exercise program, I _____, for myself, my heirs, and assigns, hereby release Jennifer Janda 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 Jennifer Janda's exercise program and I _____, hereby release Jennifer Janda 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, occurring during or after my participation in the exercise program. Furthermore, it is my responsibility to monitor my individual performance during any activity. In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Signature: _____

Date: _____

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

Signature: _____