

Waiver of Liability & Disclosure Form

Welcome to Ideal Health Enrichment Center! Please read, initial and sign.

1. I understand there is an inherent risk associated with any exercise program including my voluntary participation in any of the classes offered by Ideal Health Enrichment Center that may result in injury. The exercises related to these classes will challenge my cardio respiratory and musculoskeletal systems associated with; the aerobic, anaerobic, strength, power, agility, flexibility and breathing components of exercise are potentially hazardous activities and may cause injury. (_____)
2. I understand that I may receive physical assists or adjustments to enhance or correct my body posture during class by either the teacher or an assistant in class. I will take accountability for alerting the teacher and assistant of any injury or impairment in advance before class begins or if I do not want to receive any assists. (_____)
3. I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a exercise based program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise or activity associated with Ideal Health Enrichment Center. (_____)
4. I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my participation or increase my risk of injury and/or illness as a result of partaking in any exercise program. (_____)
5. I, my heirs, or legal representatives, do hereby waive and release Ideal Health Enrichment Center its teachers, assistants, owners and employees from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any activity or use of equipment. (_____)
6. I understand that Ideal Health Enrichment Center will provide an area for personal belongings to be held during class however, I agree that Ideal Health Enrichment Center is in no way responsible for the loss or damage of any of my belongings while I attend class. (_____)
7. I understand that all sales are final; there are no refunds for classes, workshops or special events. Exceptions will be considered for special situations such as medical emergencies. Please call within 2 weeks of your last class to discuss the situation (good for a credit only). Once your class session expiration date has arrived, those classes are no longer valid. Class purchases are non transferable. (_____)

I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am giving up my right by law to sue Ideal Health Enrichment Center its teachers, assistants, owners or employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowable by law.

Print Name: _____

Signature: _____ Date: _____