



Participant Waiver Agreement

I, _____ (print name) understand that exercise involves physical activity. As in the case for any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the exercise and ask for support from the instructor.

Doctor's approval to begin any form of exercise is highly encouraged. Exercise is not a substitute for medical attention, examination, diagnosis or treatment. Exercise is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to participate. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Susan Capone and / or *Brookville Fitness*.

I also understand and accept full responsibility for my actions, interpretations and knowledge relating to any advice, handouts, recommendations, or information provided to me during my instruction. I have not misrepresented or withheld information pertaining to my physical capacity, health or intentions.

Signature of Participant

Date

Parent/Guardian Date: _____