

# Exercise Instruction and Release Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ ZipCode \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Physical Limitations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**THIS IS A RELEASE. PLEASE READ BEFORE SIGNING.** I hereby represent and stipulate that 1) have been fully advised of the existence, nature, risks, and possible consequences of exercise; 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 Kathy Walton 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 Kathy Walton 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 Kathy Walton. I do hereby forever release, waive, discharge and covenant not to sue Kathy Walton from all such causes of action to the fullest extent allowed by law. I agree to stop exercising if I feel weak, faint, nauseated, or unduly tired, uncomfortable, or pain. If under 18 years old, parent/guardian must sign: I give my 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 Kathy Walton or anyone else.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_