

**Release of Liability**

I, \_\_\_\_\_, have enrolled in a program of physical activity which may include, but is not limited to balance training, weight training, yoga, calisthenics, and various cardiovascular exercises offered by Lynne Wells. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using any equipment with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. 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 Lynne Wells exercise programs, I, \_\_\_\_\_, for myself, my heirs and assigns, hereby release Lynne Wells (her representatives, and all others acting on her behalf), 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 Lynne Wells' exercise program and I, \_\_\_\_\_, hereby release Lynne Wells 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.

I, \_\_\_\_\_, acknowledge that either I have had a physical examination and have been given my physicians permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. I understand that Lynne Wells providing and maintaining an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto.

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

Signature: \_\_\_\_\_ Signature (parent of minor): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Signature (parent of minor): \_\_\_\_\_