



40 Church Street ~ High Bridge, NJ
908-442-5242
www.GroupFitnessStudio.com

RELEASE FROM LIABILITY

First & Last Name: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____

Emergency Contact: _____ **Phone:** _____

Additional Phone or Contact: _____

Email: _____

Injuries or Disabilities: _____

Are you currently under the care of a physician? _____

If so, are you able to participate in this exercise program without any restrictions _____

If restrictions or modifications are necessary please provide a doctor’s notice and approval in order to participate in this exercise program.

I acknowledge that The Group Fitness Studio, LLC, it’s instructors, employees, and/or anyone acting on The Group Fitness Studio’s behalf, Dorothy Henderson, and/or anyone acting on Dorothy Henderson’s behalf, and/or High Bridge Pilates & Yoga and/or anyone acting on High Bridge Pilates & Yoga’s behalf has advised me to consult a licensed physician prior to commencement of participation in this health, fitness and or massage program, in order that my physical condition and suitability for the health, fitness and or massage program can be professionally and independently evaluated. I further acknowledge that The Group Fitness Studio, LLC, it’s instructors, employees, and/or anyone acting on The Group Fitness Studio’s behalf, Dorothy Henderson, and/or anyone acting on Dorothy Henderson’s behalf, and/or High Bridge Pilates & Yoga and/or anyone acting on High Bridge Pilates & Yoga’s behalf has advised me that fitness participation involves vigorous exercise that could result in physical injury. I agree to assume the risk of any injury or damage that I may suffer. I further acknowledge that I consulted a physician prior to participation in this health, fitness and or massage program and that I have been certified by said physician to be in good health and able to engage in participation in this health, fitness and or massage program without detriment to my health. I further acknowledge that The Group Fitness Studio, LLC, it’s instructors, employees, and/or anyone acting on The Group Fitness Studio’s behalf, Dorothy Henderson, and/or anyone acting on Dorothy Henderson’s behalf, and/or High Bridge Pilates & Yoga and/or anyone acting on High Bridge Pilates & Yoga’s behalf has not influenced or induced me not to consult a physician prior to participation in this health, fitness or massage program.

I acknowledge that I have been advised of the aforementioned and that I understand the risk of participation in this health, fitness and or massage program. I freely and voluntarily assume the risks inherent in this health, fitness and or massage program and freely and voluntarily waive any right, claim or cause of action against The Group Fitness Studio, LLC, it’s instructors, employees, and/or anyone acting on The Group Fitness Studio’s behalf, Dorothy Henderson, and/or anyone acting on Dorothy Henderson’s behalf, and/or High Bridge Pilates & Yoga and/or anyone acting on High Bridge Pilates & Yoga’s behalf, as well the officers, directors, employees, sub contractors and agents and release them from any liability for any injury, cost, damage, expense, or claim which I or anyone on my behalf might have as a direct or indirect result of my participation in the health, fitness and or massage program.

I also agree to indemnify and hold harmless The Group Fitness Studio, LLC, it’s instructors, employees, and/or anyone acting on The Group Fitness Studio’s behalf, Dorothy Henderson, and/or anyone acting on Dorothy Henderson’s behalf, and/or High Bridge Pilates & Yoga and/or anyone acting on High Bridge Pilates & Yoga’s behalf, as well as the officers, directors, employees, sub contractors and agents for any injury, cost, damage, expense, or claim which any third person might acquire as a direct or indirect result of my breach of this provision.

I FULLY UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY

Signature: _____ **Date:** _____