



MEDICAL WAIVER: PLEASE READ CAREFULLY! THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS!

Your participation in any hypnotherapy, cardio, flexibility, or strength training programs of exercise may or may not be beneficial to you. These include Senior Fitness, Yoga, Pound, and/or any other fitness class, personal training/nutrition or hypnotherapy session offered by CPA. It is advised that you first consult with your physician about any injuries or existing medical conditions, past or present, before enrolling in an exercise program. We would be happy to speak with them if you prefer. Your participation indicates that you are physically able to participate and hold CPA, its owners, staff members, and/or its independent contractors HARMLESS during your participation.

The undersigned, hereafter known as Participant, understands that **the above health, wellness, and/or fitness programs** involve physical exertion; are strenuous, and that injuries may occur when participating in such activities. The **Participant** accepts and assumes the risks associated with any of CPA's programs, including, but not limited to, equipment malfunction or failure, over exertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. The **Participant** herby freely and expressly assumes all risk of property damage, injury and death associated with **group classes and training sessions**. The **Participant** understands that it is his/her responsibility to consult with a physician prior to and regarding participation in any exercise or rehab program. The **Participant** represents and warrants that he/she has no physical or mental condition that would prevent full participation in the activity involved. The **Participant** agrees to inform his/her instructor immediately of any physical or mental condition that may prevent his/her full participation.

In consideration for participation in said exercise sessions, receiving instruction in a group, private, or semi-private lessons, workshops, or certification programs and using the equipment and facilities, the student hereby agrees to release, hold harmless, and indemnify Complete Physique Anytime Health & Wellness (hereafter referred to as CPA), its owners, partners, employees, independent contractors, directors, officers, agents, instructors, licensees, and affiliates (CPA) from any and all claims by or on behalf of the **Participant** against CPA arising directly or indirectly out of the Participant's participation in small group training sessions, rehab sessions, use of any CPA equipment or facilities, and participation in any class, program, hypnotherapy sessions or workshop offered by CPA. This release is binding upon the **Participant**, and the Participant's heirs, assigns, and legal representatives.

If signing on behalf of a minor **Participant**, parent/Guardian accepts full responsibility for any and all medical expenses incurred due to the minor's participation in any class, program or workshop, and agrees to release, hold harmless, and indemnify (including costs and attorney fees) CPA for any claims brought by or on behalf of the minor.

The **Participant** understands and gives permission for photos/videos that may be taken during workouts, classes, and events inside, or outside of the facility, to be posted/shared for the purpose of advertising and/or promoting business of Complete Physique Anytime Health & Wellness on their website, event flyers, banners, and/or social media page/s and group/s that involve local and surrounding areas.

THIS IS NOT A SUPERVISED FACILITY. PARENTS AGREE TO FOLLOW CPA POLICY AND USE GOOD JUDGMENT IN ALLOWING THEIR MINOR CHILDREN TO ATTEND THE FACILITY.

The undersigned Participant also understands that giving out their membership card/key fob is a violation of membership policy and will result in an immediate termination of membership at Complete Physique Anytime Health & Wellness.

I have read the above release and waiver of liability, and I fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant (or Parent) Signature

Date

Printed Name