



## EMBODY HEALTH AND WELLNESS STUDIO

### Waiver of Liability and Informed Consent

Private and Group Fitness & Wellness Training  
P90X Live, TRX, Boot Camp, Fitness and Yoga Classes

I am participating in a program of physical activity, including but not limited to cardiovascular, resistance training and yoga at Embody Health and Wellness Studio as provided by Embody Health and Wellness (Ami Patrick), One Yoga (Megan Sackman), BUTI Yoga (Erin DeVantier) and Niagara Power Yoga (Pam Dekarz). 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 group fitness and yoga classes, I, \_\_\_\_\_ for myself, my heirs and assigns, hereby release Embody Health and Wellness/Ami Patrick, One Yoga/Megan Sackman, Niagara Power Yoga/Pam Dekarz and BUTI Yoga/Erin DeVantier from any claims, demands and causes of action arising from my participation in the fitness program.

I fully understand that I may injure myself as a result of my participation these programs and I hereby release the above mentioned 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 cause, occurring during or after my participation in the exercise program.

I understand that any exercise program carries with it some risk and acknowledge that risk. I have consulted with my Dr and she/he agrees that this exercise program is appropriate for my current state of health. This waiver shall apply to today and to future training or classes at Embody Health and Wellness Studio.

I understand that we may occasionally be photographing pictures during sessions. The photos are property of Embody Health and Wellness Studio and no compensation will be given if the photos are used for promotional purposes. If I do not want my picture taken, I understand it is my responsibility to let the photographer know.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Phone number