



# EXERCISE CLASS

## Consent and Waiver

\_\_\_\_\_  
Exercise Class

\_\_\_\_\_  
Date(s)

I, \_\_\_\_\_, desire to voluntarily participate and engage in exercise classes provided by the Kettering Health Network Community Outreach Department. To the extent I deem advisable, I will consult a physician before participating in this exercise program. I understand that I am solely responsible for monitoring my own health condition before, during, and after each exercise class and I acknowledge that the possibility of certain unusual physical changes during exercise may exist. Should any unusual symptoms occur, I understand that I am responsible for ceasing my participation and informing the staff.

I acknowledge that this exercise program has inherent risks. Understanding this, I desire to participate, and I assume full responsibility for any injury or damage to my person or property which may occur, directly or indirectly, while participating in this exercise class.

I acknowledge and agree that no warranties or representations have been made to me regarding the results that I will achieve from participating in exercises classes and the results are individual and vary.

I acknowledge and agree to indemnify and hold harmless the instructor(s), Kettering Health Network, and Kettering Health Network's employees, students, agents, and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this exercise program.

Therefore, as a condition to my participation in exercise classes, I have freely signed this waiver on the date indicated:

### Participant

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

### Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Phone