



RELEASE OF LIABILITY FOR WEEKLY EXERCISE PROGRAM

I agree to take full responsibility for not exceeding my personal limits in the practice of (circle) **Strength Training Yoga Qi Gong NIA Healthy Steps Tai Chi Zumba!** and for any injury I might suffer during my participation in classes at The Wellness Community – Greater St. Louis. It is my responsibility to ascertain that there is no medical reason to prevent my participation in this activity and to abide by any limitations that might be set by my medical providers.

I do hereby agree for myself, my heirs, assigns, executors and administrators (and for any other party who may claim under or through me) to RELEASE, ACQUIT, WAIVE, DISCHARGE and FOREVER HOLD HARMLESS, The Wellness Community – Greater St. Louis, its officers, directors, employees, agents, volunteers, affiliates, all partner agencies, subsidiaries and predecessors from any and all claims, demands, costs, expenses, rights and causes of action of any kind and nature whatsoever at law or in equity on account of all foreseen or unforeseen injuries and damages resulting from my participation in any classes at The Wellness Community – Greater St. Louis and coming to or upon leaving any such classes.

In order to maximize my own safety, I agree to the following:

- I agree to sign in for any class I attend.
- I agree to discuss my participation in the class with my medical provider if appropriate.
- I agree to share contact information for my medical provider with the class instructor if requested.
- I agree to follow guidelines set out by the class instructor.
- I agree that if any changes in my physical situation could affect my continued participation in the class that I will seek approval from my medical provider to continue.

I confirm with my signature that I have read this form and I understand its content.

Signature: _____ Date _____

_____ Participant Print Name