

**Teresa Le  
PIYO CLASS**

**Participant Information and Release & Waiver of Liability Form**

Client's Name \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact (Name and Phone Number): \_\_\_\_\_

Do you now or have you had in the past?:

Back Pain	YES	NO
Knee Problems	YES	NO
Shoulder Pain	YES	NO
High blood pressure	YES	NO
Heart problems	YES	NO
Pregnancy	YES	NO
Bone fractures	YES	NO
Osteoporosis or Osteopenia	YES	NO

Please list any injuries and medical concerns the instructor should be aware of: \_\_\_\_\_

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List your current fitness regime: : \_\_\_\_\_

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**General Class Policies**

- I will follow all instructions given to me by the instructor, participate with the group to the best of my ability, and immediately stop to rest at any point during the exercise if I am experiencing discomfort or cannot continue.
- All classes will be paid for in advance.
- Class fees are non-refundable.
- A \$25 fee will be applied to any returned checks.

**\*\*\* PLEASE READ CAREFULLY! \*\*\***

**THIS IS A RELEASE OF WAIVER OF CERTAIN LEGAL RIGHTS**

**Agreement of Release & Waiver of Liability**

I, \_\_\_\_\_, hereby agree to the following:

Print full name above

1. That I am voluntarily participating in classes or programs offered by Teresa Le during which I will receive information and instruction about fitness. I understand that there are inherent risks associated with PiYo training, strength training and other forms of vigorous physical activity. I recognize that this fitness program requires physical exertion that may be strenuous and may cause physical injury. Participation in this PiYo fitness program may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness, more chronic conditions such as tendonitis, and other discomforts. I am fully aware of the risks and hazards involved.  
\_\_\_\_\_
2. I understand that physical contact is an integral part of this exercise program and is done in a therapeutic manner.  
\_\_\_\_\_
3. I realize that there are many other risks of injury, including serious disabling injuries, heart attack, paralysis, stroke and even risk of death, and that it is not possible to specifically list each and every injury which may arise. These risks and dangers may be caused by the negligence of Teresa Le, the negligence of participants, the negligence of others, accidents, or other causes. I hereby freely and expressly agree to assume full responsibility for any risks, injuries or damages, known or unknown, and death that I might incur as a result of my participation in this class or program.  
\_\_\_\_\_
4. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the classes that I am taking with the Teresa Le. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Teresa Le, I hereby agree that I am doing so at my own risk. I represent and warrant that I am both physically and mentally fit to fully participate in these classes and programs offered by Teresa Le. \_\_\_\_\_
5. I further confirm that I have fully disclosed to Teresa Le all my injuries and illnesses past and present. In addition, I agree to report any changes in my physical and mental condition to Teresa Le immediately. And, if I feel any discomfort in performing a given exercise, I understand that it is my responsibility to stop and inform Teresa Le immediately.  
\_\_\_\_\_
6. In further consideration of being permitted to participate in classes and programs with Teresa Le, I knowingly, voluntarily and expressly waive any claim I may have against Teresa Le for injury or damages, including but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/neck/foot injuries an any other illness, soreness or injury, however caused, that I may sustain, now or in the future, as a result of participating in the class and program. \_\_\_\_\_
7. On behalf of myself and my heirs, personal and legal representatives and assigns, I hereby forever release, waive, covenant not to sue, and discharge Teresa Le and her heirs from any and all claims, demands, rights, causes of action, judgments, costs and expenses (including reasonable attorneys' fees) or other liability of whatsoever kind or nature resulting from my participation in or in any way connected with the class or program offered by Teresa Le, including but not limited to, any and all bodily and personal injuries (including death) or damage to property, caused by her negligence or other acts. \_\_\_\_\_
8. I understand that Teresa Le has the right to refuse service to anyone she feels is inebriated or drugged or whom she feels may be in a comprised state rendering the participant unfit for exercise. \_\_\_\_\_

**I hereby affirm that I have read the above release and waiver of liability and fully understand its contents. By signing it I agree to participate in this PiYo class and program AT MY OWN RISK. I voluntarily agree to the terms and conditions stated above.**

Participant Name (Print) \_\_\_\_\_

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

**IF PARTICIPANT IS UNDER 18**

Participant Name (Print) \_\_\_\_\_

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

Parent or Legal Guardian Name (Print) \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_