jazzercise® NAME_____
Last First MI

PARTICIPATION AUTHORIZATION AND RELEASE

The Jazzercise Fitness Program uses dance to challenge the systems of the body, especially the cardiovascular and skeletal system. We advise that if you have any physical ailment, are taking medications or are otherwise not in excellent physical condition suitable for strenuous activity, your participation may be injurious to you. The following questions are designed to alert you to factors which may place you at risk from strenuous exercise. They do not include all physical risks. If you answer "yes" to any questions below, you must consult with your physician before starting the Jazzercise Program.

YES	NO		YES	NO	
☐	☐	Has a physician ever said you had heart trouble?	☐	☐	Do you have bone or joint problems such as arthritis?
☐	☐	Do you often feel faint or have spells of severe dizziness?	☐	☐	In the past month have you ever had any chest pain?
☐	☐	Are you over age 50 and not accustomed to vigorous exercise?	☐	☐	Are you now or have you been pregnant in the past 3 months?
☐	☐	Have you had surgery in the past 3 months?	☐	☐	Do you have a cigarette smoking habit (now or within the past year)?
☐	☐	Are you overweight (more than 20 pounds)?	☐	☐	Do you have high blood pressure, cholesterol and/or triglycerides?
☐	☐	Do you have a history of lung problems?	☐	☐	Do you take any prescription drugs for blood pressure or heart condition?
☐	☐	Do you feel pain in your chest when you do physical activity?	☐	☐	Is there any good physical reason not listed here why you should not follow an activity program?

These questions are designed to help you. Please seriously consider whether any other problem, condition or medication suggests that you should seek medical advice before participating in the exercise program.

I have read all of the above and I do not need to consult my physician further. Please initial:

In exchange for permission to participate in The Jazzercise Program, I hereby enter into the following release and waiver of liability assumption or risk and indemnity agreement.

I, for myself, my heirs, spouse, executors, administrators, personal representatives, and assignees, waive, release, discharge, indemnify, hold harmless and agree not to sue Jazzercise, Inc., its officers, directors, shareholders, employees, agents, landlords, lessees, sponsors, representatives volunteers, affiliates, and franchisees (hereafter the "Released Parties") from any and all liability, responsibility, damages, losses, claims, demands, actions, suits, judgments, costs and expenses (including attorney's fees) resulting from personal injury, accidents, illness, death and/or property loss caused in any manner, including the simple, active or passive negligence of the Released Parties, by my participation in the Jazzercise Program.

I acknowledge that The Jazzercise Program is designed to stress the heart, lungs, cardiovascular and circulatory systems, muscles, joints, ligaments and tendons in an attempt to improve muscular strength and cardiovascular fitness. I acknowledge that I am aware that I should warm up prior to engaging in Jazzercise and stretch upon completion of these activities. I acknowledge I have been advised to consult with my physician with respect to any past or present injury, illness, cardiovascular problem, knee problem, join problem or any other condition or medication that my affect my participation and ability to participate in and to endure the exercise programs, and knowingly assume all risks relating to my participation in the Jazzercise Program.

I acknowledge that I have discussed with my physician the appropriateness of The Jazzercise Program in connection with any illness or condition that I now have or have previously had and that I knowingly execute the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read this agreement, fully understand its terms, and understand that I am giving up substantial rights, in including my right to sue. This agreement is intended to be as broad and inclusive as permitted by law. If any portion of this agreement is held invalid, the remaining portions will continue in full force and effect.

Signature_____ Date_____

☐ I am the parent/guardian of the minor _____ Phone Number_____

Reviewed by

Welcome to the Jazzercise Fitness Center of Wall.
Please complete both sides of this form.

PLEASE PRINT

Name:_____

Address:_____

Apt.:_____

City:_____

State:_____

Zip:_____

Home Phone:_____

Work or Cell:_____

Birthday:_____

Emergency Contact Phone:_____ Alternate Phone: _____

Occupation:_____

E-mail address:_____

What are your health/fitness goals? _____

How did you <u>first</u> hear about Jazzercise of Wall?

____Flyer ____Phone Book

____Sign ____Returning Customer

____Mailer - postcard or something else <u>mailed</u> to your home

____Newspaper - Which one?_____

____Magazine - Which one?_____

____TV/Radio - Which station? _____

____Website - Which one?_____

____Friend, Colleague, Relative*

*Please note name:_____