

## Release and Waiver of Liability

I hereby agree to the following:

1. I understand that I am responsible for my own health release from my own physician if I feel the need for medical clearance.
2. I understand Tracy Maurstad is not medically trained, may make no medical judgments, give no medical advice and provide no medical care or therapy.
3. I understand there are risks in all exercise routines and understand there may be unforeseen injuries including but not limited to: muscle strain, bruising, back and neck injuries and soreness of muscles.
4. I understand the results of this exercise are not guaranteed.
5. I have had the opportunity to ask questions and feel that I am physically healthy and able to participate in classes/instruction.

I hereby unconditionally release Tracy Maurstad for any and all liability resulting from any injuries that may result from classes, instruction and equipment. This release is irrevocable and is to cover any and all programs and private instruction.

In addition:

- I confirm that I am not pregnant.
- I know that payment for each class, session or package is in advance.

Name: \_\_\_\_\_

Panorama Tower/Unit: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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