

Informed Consent and Liability Waiver Release for Participation in Lake Henry Estates Exercise Programs

I agree and consent to the following exercise activity held at Lake Henry Estates:

I am voluntarily participating in the Yoga Classes Water Aerobic Classes

Other _____

I recognize the program requires physical exertion which may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand it is my responsibility to consult with a physician prior to and regarding my participation in the above-selected program. I represent and warrant that I have no medical condition which would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries, or damage, known or unknown, which I might incur because of participating in the program.

I knowingly, voluntarily, and expressly waive any claim I may have against Lake Henry Estates or the program instructor for injuries or damages I may sustain because of participating in the program.

I, on behalf of myself, my heirs, Personal Representative or any other representatives forever release, waive, discharge and agree to make no claim or take any legal action against Lake Henry Estates or the instructor for any injury.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date:

Signature:

Print Name:

Address:

Phone:

Instructor Signature:

June 2020