



TERMS & RELEASE OF LIABILITY

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Exercise Session Description

Training sessions are progressive and designed to graduate the client towards improving optimum function. Each session is tailored to the client, and independent exercise is required. Guarantees are solely dependent on the cooperation and commitment of the client.

Muscular soreness or fatigue can be experienced during and after the exercise session. These discomforts are likely to appear in the initial stages of exercise and minimize as conditioning and endurance improve.

Risks and Discomforts from the Exercise Session

The body's cardiovascular response can vary per client and display symptoms which may indicate risk during or following the exercises. These responses include abnormalities of blood pressure, fainting, irregular heartbeat, and in rare instances, heart attack, stroke or death.

Personnel certified in cardiopulmonary resuscitation (CPR) are onsite and available during all sessions to manage and minimize the risk of unexpected events. During the session, the client is required to communicate any adverse signs and symptoms immediately to Stone Bodyworks.

Confidentiality

Any information collected based on the observations made during the exercise session is treated as privileged and confidential other than that of anonymous statistical or scientific data.

Permission to Consult

Throughout the relationship with Stone Bodyworks, the need to consult with the client's health and wellness practitioner(s) may be required in an effort to collaborate on the design of the exercise program. In this case, clients are asked to sign a authorized release for medical information.

By signing below:

1. I, _____ (name), acknowledge that my participation in the exercise and training program by Stone Bodyworks is voluntary and I assume the risk of participation in the program. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machines except hereinafter stated.
2. For, and in consideration of, the physical and personal training program provided by Stone Bodyworks I waive, release, and discharge Stone Bodyworks from any and all claims or liabilities for death, personal injury, property damage, or loss of any kind, which arise out of or



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are in any way related to my participation in the physical exercise and personal training program. I covenant not to sue Stone Bodyworks for any of the claims or liabilities that I have waived, released and discharged herein. I also agree to indemnify and hold harmless Stone Bodyworks from any and all claims, liabilities, costs, expenses, or damages that arise from or are related to my participation in the physical exercise and personal training program.

3. It is understood that Stone Bodyworks realizes that only a licensed physician has the legal and ethical ability to diagnose and treat disease and prescribe remedies for specific medical conditions. Stone Bodyworks and the assessments will not be interpreted as the diagnoses, treatment or prescription for specific medical conditions.
4. I acknowledge that I have been informed of the need for a physician's approval for my participation in exercise and/ or fitness activities or in the use of exercise equipment and machines. I also acknowledge that it has been recommended that I have at least a yearly physical examination
5. I have read this waiver, fully understand and agree to its terms.

Client's Signature: _____ Date: _____