

HOT MAMA Pre-Natal Fitness Class Contract and Waiver and Release Form

Name: _____ Age: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

- The cost of this session is to be \$85.
- This agreement includes 5 classes.
- Classes are to be paid for in advance.
- Fees paid for classes are nonrefundable (unless a doctor gives written orders to terminate exercise) and nontransferable.
- Sessions and classes can be paid for by check, cash, money order or credit card. A fee will be assessed for any returned checks.
- Consent from your physician is required in order to participate in this class.

You are aware that you are engaging in physical exercise and that the use of exercise equipment, club facilities, training and instruction, could cause injury to you. You are voluntarily participating in these activities and assume all risks of injury that you might result. You agree to waive any claims or rights you might otherwise have to sue Fit in DC, its owners or agents or The StillPoint for injury to you as a result of these activities. You have carefully read this waiver which states that you assume all risks of injury. You are hereby advised that you should be sufficiently physically fit for exercise activities and should have consulted a physician prior to undertaking a physical exercise program.

Signature: _____ Date: _____