jazzercise®

PLEASE PRINT

2007

Name: _____
First Last

Address: _____ **Apt No.** _____

_____
City State Zip

PRINT e-mail: _____
(if you want to receive Jazzercise information by e-mail)

Home or Cell: _____ **Birthday:** _____

If you're NEW, where did you learn about our class? _____

PARTICIPATION AUTHORIZATION AND RELEASE

The Jazzercise Fitness Program uses dance to challenge the systems of the body, especially the cardiovascular and skeletal systems. We advise that if you have any physical ailment, are taking medication 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 question below, you must consult with your physician before starting The Jazzercise Program.

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, YOU MUST CONSULT YOUR PHYSICIAN BEFORE STARTING THIS PROGRAM.

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

In exchange for permission to participate in The Jazzercise Program, I hereby enter into the following release and waiver of liability, assumption of 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 attorneys' fees) resulting from personal injury, accidents, illnesses, 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, joint problem or any other condition or medication that may 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 this 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, 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 _____ and I am signing this agreementon behalf of said minor.

Emergency Contact _____ PhoneNumber _____