

Name: _____

First Last

Address: _____ Apt No. _____

City State Zip

PRINT e-mail: _____

Emergency Number _____ 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, muscular and skeletal systems. 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, but only primary causes of heart attack or traumatic injury.

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

YES NO

- ____ 1. Are you a male over 45 or a female over 50 and unaccustomed to vigorous exercise?
 ____ 2. Are you now, or have you been pregnant within the past 3 months?

DO YOU NOW HAVE OR HAVE YOU HAD WITHIN THE PAST YEAR:

- ____ 3. Heart trouble, a heart murmur, or a heart attack?
 ____ 4. Pain or pressure in your chest, neck, shoulder or arm?
 ____ 5. Bouts of irregular or uneven heart action?
 ____ 6. Frequent light-headedness or spells of dizziness?
 ____ 7. A family history of premature coronary artery disease?
 ____ 8. High blood pressure?
 ____ 9. Extreme breathlessness after mild exertion?
 ____ 10. A chronic condition needing special care, e.g., insulin dependent diabetes?
 ____ 11. Been advised by a physician not to exercise?
 ____ 12. Muscle, bone, or joint problems (e.g., arthritis, rheumatism, low back trouble, bad knees, etc.) that may be aggravated by exercise?
 ____ 13. Surgery within past 3 months?
 ____ 14. A history of anorexia nervosa or bulimia?

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, WE STRONGLY RECOMMEND THAT YOU DISCUSS THIS PROBLEM WITH YOUR PHYSICIAN BEFORE STARTING.

DO YOU HAVE OR HAVE YOU HAD WITHIN THE PAST YEAR:

- ____ 15. A history of lung problems?
 ____ 16. A cigarette smoking habit?
 ____ 17. A problem with being overweight (more than 20 pounds).
 ____ 18. High blood cholesterol and/or triglycerides?

I have read all of the above and do not need to consult my physician further: (Initials): _____

In exchange for authority to participate in The Jazzercise Dance Fitness Program and/or to use the weights and exercise equipment located at Jazzercise, I hereby grant the following release from Liability and Negligence.

I release and hold harmless Jazzercise, Inc., its officers directors, employees, agents, landlords, lessees and franchisees (hereafter the "Released Parties") from any and all liability for injury to my person caused in any manner, including the negligence of the Released Parties, by my participation in The Jazzercise Fitness Program or by my use of weights and exercise equipment at Jazzercise. I intend this release to apply to all of my future participation in any Jazzercise Fitness Program event and to endure the exercise programs or to use weights and exercise equipment.

I acknowledge that The Jazzercise Dance Fitness Program is designed, through dance routines, to concentrate on the cardiovascular system, flexibility, balance, coordination, muscle toning and endurance. The routines allows for an appropriate warmup period, and students are advised to pace themselves during the course routines. I acknowledge I have been advised to consult with my physician with respect to any past or present injury, illness, cardiovascular problem, knee problem or any other condition that may affect my participation and ability to participate in and to endure the exercise programs.

I acknowledge that I have discussed the appropriateness of The Jazzercise Program in connection with any illness or condition that I have or had with my physician, and that I knowingly execute this release from liability and negligence.

Signature: _____

Date: _____