



South Riding Wellness Connection

A balanced approach to mental, physical, and spiritual health

Waiver of Liability

I, _____, have enrolled in a program of strenuous physical activity. Including, but not limited to, Core conditioning, muscular strength, jogging/walking, jumping rope, circuit training, obstacle courses, Plyometrics and Pilates offered by the South Riding Wellness Connection. I hereby confirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

In consideration of my participation in the South Riding Wellness Connection exercise program, I, _____, for myself, my heirs, and assigns, hereby release the South Riding Wellness Connection (employees and owners), from any claims, demands, and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result in my participation in the South Riding Wellness Connection exercise program and I _____, hereby release the South Riding Wellness Connection from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

I hereby affirm and I have read and fully understand the above

Signature

Date