



# Fitness Program Release Form

## Informed Consent Agreement

I, the undersigned, intend to participate in a Fitness class sponsored by the Sudbury Senior Center. I understand that each person, including myself, has a different capacity to participate in physical activities. While the instructor will assist all participants in adapting the class activities, motions, and exercises to suit their own situations, I assume full responsibility for my choices to use or apply, at my own risk, any of the information or instruction I receive, whether during class or outside of class.

I understand that it is my responsibility to monitor my own activity level and participation, and that I will stop, modify or delay my participation based on my own discretion. I acknowledge my obligation to inform the instructor of any symptoms of distress or abnormal reactions I feel during and immediately after my participation in the program. I am also aware that I may be requested to stop and/or rest by the instructor at her discretion.

I am aware that before beginning any new program of physical activity it is my responsibility to ask my physician whether such activity is suitable for me, and that the instructor may request a note from my physician stating that such activity is appropriate for me.

I release the fitness instructor, the Sudbury Senior Center, and the Town of Sudbury from any and all responsibility and liability for any injury incurred while I am participating in the Yoga class, and by signing this agreement, I acknowledge that I have read, understood, and agreed to the contents of this release of liability.

Additionally, I hereby grant permission for any photographs or video's taken during this program to be used in print or electronically, specifically for promotion matter, press, bulletin board, and/or future advertising.

Program Name(s): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_