



MEDICAL WAIVER/RELEASE

I agree that if I engage in any physical exercise, class, or activity, I do so at my own risk. I agree that I am voluntarily participating in activities and assume all risk of injury or illness.

I agree to release and discharge (coach) Hedi Shah and (business) JUMP Wellness Coaching from any and all claims or causes of action (known or unknown) arising out of my negligence. I acknowledge that I have carefully read this waiver and Release and fully understand that it is a release of liability. I am waiving any right that I may have to bring a legal action to assert a claim against my trainer for his/her negligence.

I understand in full this disclaimer (please print/type name) _____

INFORMED CONSENT

General Statement of Program Objectives and Procedures:

I understand that this coaching program may include exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system, (which involves muscular endurance, strength and overall flexibility), and to improve body composition (increasing muscle tissue and bone density and decreasing body fat). Exercise includes aerobic activities, including but not limited to walking, running, cycling, rowing, and swimming; resistance training using dumbbells, machines and other equipment to improve muscular strength and endurance; and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that the reaction of the heart, lungs, blood vessels as well as other systems to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during exercise, which include abnormalities of blood pressure or heart attacks as well as other side effects. Use of weight lifting equipment and engaging in body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not consistently followed.

I understand that Hedi Shah shall not be liable for any damages arising from personal injuries sustained by client while and during the coaching program. Client using exercise equipment does so at his/her own risk. Client assumes full responsibilities for any injuries or damages which may occur during and/or after training. I hereby fully and forever release and discharge Hedi Shah, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on the health history form).

I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

I understand in full this disclaimer (please print/type name below) _____



Cancellation Policy

I understand that if I do not cancel a session or call within 24 hours of the scheduled start time I am subject to forfeiting the session.

I have read the above information and understand it. Any questions, which may have occurred, have been answered to my satisfaction (please print/type name below).

Client's signature: _____

Referral Policy

JUMP's vision is to celebrate the holistic radiation of health, strength, happiness and love in our community. In order to achieve our vision, we collectively need to become a source of inspiration and change in the lives of people around us.

JUMP created this referral program with the intention of encouraging you to bring your friends and family members to join you in your health and fitness journey. Your invitation allows you to initiate a change in your community and me to help more and more people.

Refer a friend! Both you and your friend will receive 10% off your next packages

Client's signature: _____

Subscription

You will be added to the JUMPer Community mailing list when you sign this contract.

Client's signature: _____