



StretchWorks LLC.
Feel the Movement

Release of Liability

1. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of any type of exercise equipment, is a potentially hazardous activity. I have been informed of, understand and am aware that fitness activities involve a risk of injury, including a risk of death or serious disability, and that I am voluntarily participating in these activities with my Trainer identified below, either in person, by video, or in any other format, and using exercise equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death posed by the strength, flexibility and aerobic exercise program and training provided by the Trainer identified below. I also agree to expressly assume and accept any and all risks of injury or death posed by using any type of exercise equipment in conjunction with the strength, flexibility and aerobic exercise program and training provided by the Trainer identified below.

(INITIAL: _____)

2. I specifically waive any and all claims or actions against the Trainer identified below for any and all injuries or damages that I may hereafter sustain as a result of my participation in the strength, flexibility and aerobic exercise program provided by the Trainer identified below, either in person, by video, or in any other format, any injuries or damages that I may hereafter sustain in the use of any exercise equipment used in conjunction with the strength, flexibility and aerobic exercise program and training provided by the Trainer identified below. (INITIAL: _____)

3. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in the above identified activities or use of exercise equipment or machinery. I acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (INITIAL: _____)

4. I am aware of and acknowledge that at the time I sign this Release of Liability the COVID-19 pandemic is ongoing. I understand that there is a risk of contracting COVID-19 when training in person with the Trainer identified below or when training with the Trainer and other participants, in person, in a group. I specifically waive and release any claims of liability against the Trainer should I become infected with COVID-19 directly or indirectly as a result of my participation in the individual or group[training provided by the Trainer.

5. I understand that Alexandra J. Rose's providing and maintaining an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto. (INITIAL: _____)

Date: _____

Signature: _____

TRAINER: ALEXANDRA J. ROSE