



## LIABILITY WAIVER

I hereby agree to the following:

1. That I am participating in an exercise classes, workshops or health programs offered by Jennifer Smith, The Fascianator Method Practitioner during which I will receive information and instruction about fitness, nutrition, and/or health. I recognize that exercise requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the exercise classes, health programs or workshops offered through the Jennifer Smith, Certified Fascianator Method Practitioner. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in these exercise classes, health programs or workshops.
3. In consideration of being permitted to participate during this class, health programs or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the programs(s) offered by Jennifer Smith, Certified Fascianator Method Practitioner.
4. In further consideration of being permitted to participate in the exercise classes, health programs or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Jennifer Smith, Certified Fascianator Method Practitioner for injury or damages that I may sustain as a result of participating during a Fascianation Method class/workshop.
5. I, my heirs or legal representatives forever released, waive, discharge and covenant not to sue Jennifer Smith, Certified Fascianator Method Practitioner for any injury, or death caused by their negligence or other acts.
6. I agree to be added to FFO email list for educational purposes and will be able to unsubscribe at any time.
7. I have read the above release and waiver of liability and fully understand it's content. I voluntarily agree to the terms and conditions stated above.

Printed NAME \_\_\_\_\_ DATE \_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_

Mobil # \_\_\_\_\_