



**Group Exercise Consent Form**  
**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

This form covers all classes and/or programs offered by Genuine Rehab & Wellness.

**Please read and initial each paragraph.**

TherHab® Fitness is a fitness and wellness service that is provided in order to manage a wide variety of conditions. Services are provided to individuals of all ages regardless of gender, color, ethnicity, creed, national origin, or disability.

I, \_\_\_\_\_, hereby agree to the following:

That I am participating in group fitness classes or other programs offered by Genuine Rehab & Wellness during which I receive education, information, and instruction about exercise, wellness and prevention. I recognize that these group fitness classes and programs may require physical exertion, which may be strenuous. Although unlikely, there is a possibility that participating in the classes may result in aggravation of existing symptoms and may cause pain or physical injury. I am fully aware of the risks and hazards involved and I agree to assume any responsibility to any injury. I will follow all instructions and modifications recommended by my Instructor . \_\_\_\_\_

I understand that it is my responsibility to consult with a physician prior to, regarding my participation in TherHab® Fitness classes and/or programs. I represent and warrant that I am physically able to participate in exercise classes and I have no medical condition that would prevent my full participation in these group exercise classes and/or programs. \_\_\_\_\_

I understand it is my responsibility to decline any part of the class if I feel any discomfort or pain or have other unresolved concerns. \_\_\_\_\_

I agree to inform my TherHab® Fitness Instructor of any physical limitations, physical discomforts and/or injuries before or during fitness classes and/or programs, and I take full responsibility for non-disclosure. \_\_\_\_\_

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above. \_\_\_\_\_

Signature: \_\_\_\_\_

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