

Training/Yoga/Nutrition Chicago

Jackie Mosure

INFORMED CONSENT

I, _____, have enrolled in a program of moderate to strenuous physical activity including, but not limited to, yoga, aerobic dance, weight training, stationary bicycling, walking and the use of various aerobic-conditioning machinery and/or nutrition guidance and dietary recommendations offered by Jackie Mosure. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this program. I hereby represent that I have obtained my doctor's approval for a program such as the one I am now enrolling in.

In consideration of my participation in this exercise program, I, for myself, my heirs and assigns, hereby release Jackie Mosure from all claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in this exercise program and I hereby release Jackie Mosure from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

I hereby affirm that I have read and fully understand the above.

Signature

Date

Witness

Date