



next step fitness, inc.

WAIVER AND RELEASE FORM

By signing below, I acknowledge and agree that:

1. I have consulted with my physician relative to my participation in the Healthy Moms® Fitness Program; have been informed by him/her as to the risks, if any, I may encounter by my participation and have obtained his/her permission to participate in the program.
2. I agree to limit my participation in the program to that level of activity, which is comfortable to my physical situation at that time.
3. I release and discharge for myself and my unborn, our heirs, executors, administrators and assigns Next Step Fitness, Inc. and Healthy Moms® Fitness Program and any and all other persons firms and corporations of and from any and all actions, causes of action, claims, demands, damages, costs, loss of service, expenses, compensation, all consequential damages and court costs, attorney's fees and judgments on account of or in any way growing out of and any and all known and unknown personal injuries which may result from my participation in the Healthy Moms® Fitness Program presented by Next Step Fitness, Inc. I further agree to indemnify and hold harmless Next Step Fitness, Inc. and Healthy Moms® Fitness Program for any and all claims.
4. I understand that I will not be accepted into the Healthy Moms® Fitness Program without the execution of this waiver and release.

I have carefully read this waiver and release, I understand it, and I sign it of my own free will.

Participant's Signature:

Date:_____

Spouse/Partner/Father Signature:

Date:_____