

American Health and Fitness

STUDENT WAIVER

I have enrolled in a program of physical activity including any exercise class or program offered by American Health and Fitness. I state that I am in good health and do not suffer from any impairment or disability which would prevent or limit my participation in any of the classes which I have selected.

In consideration of my participation in any exercise class through American Health and Fitness, I my heirs and assigns, hereby release American Health and Fitness from any liability, claims, demands, and causes of action arising from my participation in these classes. I hereby release American Health and Fitness from any liability, now or in the future, due to any injury or illness occurring during or after my participation in the exercise class(es) I have selected.

Signature _____ Date _____

This form needs to be signed only once for all classes

P. O. Box 530069 Livonia, MI 48153