

Holmes Studio of Dance, Music & Wellness
43-45 Parsons Street. Easthampton, MA 01027
413-527-5300 or 413-533-3535
www.holmesdance.com

Informed Consent for Participation in Exercise & Wellness Activities

I desire to engage voluntarily in the Holmes' Studio of Dance, Music & Wellness programs that include but not limited to: Yoga, Aerobics, Zumba, Adult Dance, and other wellness programs to improve my physical fitness. I understand that the activities are designed to place a gradually increasing work load on the cardio-respiratory system, thus improving its' function.

The reaction of the cardio-respiratory system to such activities can not be predicted with complete accuracy. There is a risk to certain changes that may occur during or following the exercise. (These changes might include abnormalities of blood pressure or heart rate).

I understand that the purpose of the exercise/ wellness program is to develop and maintain cardio-respiratory fitness, body composition, flexibility and muscular strength & endurance. All rhythmic aerobic exercise, strength training and choreographed fitness classes include a warm-up, exercise at target heart rate and cool down.

In signing this consent form, I affirm that I have read this form in its' entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction. In the event that a medical clearance must be obtained prior to my participation in the programs, I agree to consult my physician and obtain written permission from my doctor prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the **Holmes Studio of Dance, Music & Wellness** exercise and wellness programs, I agree to assume the risk of such exercise and further agree to hold harmless the **Holmes Studio of Dance, Music & Wellness**, it's staff members or contractors conducting the exercise programs from any and all claims, suits, losses or related causes for damages, including but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from, the exercise/ wellness programs.

Signature of Participant

Date

Name: _____

Address: _____ Town & Zip _____

HOME PHONE: _____ CELL PHONE: _____

Age/Birth Date: _____

EMAIL ADDRESS: _____

In case of emergency, please contact: _____

Doctor's name & phone number: _____

Limitations and/or medications _____

REGISTRATION FEE

\$15.00

If you are new to the studio, **how did you hear about us?**

