

DEATH WAIVER & RELEASE

I, _____, agree to participate in a **Joe Decker** fitness program.

I recognize that exercise is not without varying degrees of risk to the musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems (except those I have informed **Joe Decker** of in the Client Information Sheet) that would increase my risk of illness and injury as a result of participation in a fitness program designed by **Joe Decker** _____

I understand and have been informed that there exists the possibility of adverse physical changes during the fitness program. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke and very rare instances of heart attack or even death. _____

I agree to waive, release, remise and discharge **Joe Decker** and their agents, officers, principles and employees of any and all claims, demands, actions or damages of any kind resulting from participation in a **Joe Decker** fitness program. I further state that I understand and assume any and all risks associated with my participation in a **Joe Decker** fitness program. _____

Client

Date

Witness (if under 18 yr)

Date