

**TUMBLE WITH DENISE, INC. Fitness Program  
Enrollment / Release of Liability Form**

The use of the fitness facilities at TUMBLE WITH DENISE naturally involves risk of injury to your person. As such, you understand and voluntarily accept this risk and agree that TUMBLE WITH DENISE will NOT be liable for any injury including without limitations, personal bodily or mental injury or any other damage to your person resulting from negligence or other acts of the TUMBLE WITH DENISE Fitness Program.

I release and waive any and all claims, demands, losses or damages, including those for personal injury and/or death against TUMBLE WITH DENISE, its agents, employees, officers, directors, suppliers and any TUMBLE WITH DENISE exercise, activity program, training or other use of the facilities.

I have read, understood and completed this Release of Liability waiver. Any questions I had were answered to my full satisfaction.

\_\_\_\_\_  
**Print Participant Name**

\_\_\_\_\_  
**Signature (Parent for Child)**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Health Conditions: Yes \_\_\_\_ No \_\_\_\_ Explain \_\_\_\_\_

(\* If yes please provide **Physician Approval** for this exercise program.)

Please read and sign form.

TUMBLE WITH DENISE, INC.  
961 Oak Grove Drive  
Lehighton, Pa. 18235