

**TRAIN WITH REVIE JANE**  
**- REVIE JANE & CO -**

I understand that I will be taking part in an exercise session with Revie Jane Schulz, which may involve resistance/ strength training, aerobic/ cardiovascular training and flexibility exercises performed in a group training environment. I understand that all care will be taken to ensure my safety at all times, however I will undertake this training at my own risk. It is recommended that you work at a level that is best suited to your individual fitness level to ensure safety.

**Risk**

I understand that there is risk involved with exercise, such as changes in heart rate, blood pressure and in rare cases heart attack. If you have a history or a family history of these problems, medical clearance is recommended prior to commencement of any activity.

**Declaration**

If there is any health information that should be given it will be accurate to the best of my knowledge and will be treated as confidential and as such, will not be released or revealed to any person without my expressed consent. I understand that although the trainers have been educated and trained in the field of exercise instruction, supervision, prescription, fitness testing, expired air resuscitation, cardiopulmonary resuscitation, nutrition advice and guidance, they are not medically qualified. I do not hold them responsible or liable for any indemnity, personal injury, loss or damage that may occur as a result of working with Revie Jane Schulz. Everything I have provided is true and correct. If anything may change I will notify one of the Revie Jane & Co trainers immediately.

Name

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Sign: .....Date: .....

Name of Parent or Guardian: (If under 18)

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Sign: .....Date: .....