

Buffalo State Exercise Classes

I _____ (print name) understand that exercise classes include physical movement as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious disabling is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

These exercise classes are not a substitute for medical attention, examination diagnosis or treatment. Exercise is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to engage in these activities. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Buffalo State and any of its instructors.

Signature of Student

Date

Emergency Contact: Name & Number

