



PRE/POSTNATAL CLIENT WAIVER

I, _____, have enrolled in a program of strenuous physical activity including, but not limited to, aerobic dance, weight training, stationary bicycling, and various aerobic conditioning machinery offered by Chicago Athletic Clubs. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program. In consideration of my participation in CAC's exercise program, I, _____ **(please initial)** for myself, my heirs and assigns, hereby release Chicago Athletic Clubs (its employees and owners), from any claims, demands, and causes of action, now or in the future, arising from my participation in the exercise program. I fully understand that I may injure myself as a result of my participation in the exercise program including, but not limited to miscarriage, heart attack, muscle strains, pulls, or tears, broken bones, shin splints, heat prostration, knee-lower back/foot injuries and any other illness, soreness, or injury however caused occurring during or after my participation in the exercise program.

I hereby affirm that I am exercising with my physician's or childbirth caregiver's approval regarding this program and have read and fully understand the above agreement. My doctor has approved my exercise program.

Signature: _____

Date: _____