



## WAIVER AND RELEASE OF LIABILITY (ON-DEMAND / PRE-RECORDED VIDEO PROGRAM)

I agree and consent to the following:

I am voluntarily participating in the **Jump Into Shape** exercise/fitness program provided by **Moshe Moskowitz** and/or other instructors **through pre-recorded, on-demand video content** (the “Program”). I understand that **there are no live classes** and no in-person supervision.

I recognize that the Program involves physical exertion that may be strenuous at times and may cause physical injury. I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to, and regarding, my participation in the Program. I represent and warrant that I have no medical condition that would prevent my safe participation.

I understand that **Jump Into Shape is not a medical organization** and that its instructors and staff cannot provide medical advice, diagnosis, or treatment. I further understand that the Program is educational and fitness-related only.

I agree to assume full responsibility for any risks, injuries, or damages—known or unknown—that I may incur as a result of participating in the Program. Such injuries may include, but are not limited to: heart attack, muscle strain/pull/tear, broken bones, shin splints, heat-related illness, injuries to knees, back, or feet, other illness or soreness, and in rare cases, death.

I knowingly, voluntarily, and expressly **waive any claim** I may have against **Jump Into Shape, Moshe Moskowitz**, any other instructors, employees, agents, contractors, and/or any facility associated with Jump Into Shape, including their respective officers, directors, and representatives (collectively, the “Released Parties”) for any injury, damages, or losses that I may sustain as a result of participating in the Program.

I, my heirs, and representatives forever **release, waive, discharge, and covenant not to sue** the Released Parties for any injury, death, or damages caused by their negligence or other acts, to the fullest extent permitted by law.

I have read this Waiver and Release of Liability and fully understand its contents.

---

## If Participant Is Under 18

The undersigned parent and/or legal guardian understands that participation in this Program involves the risks described above. By signing below, the undersigned parent/legal guardian hereby releases and forever discharges and holds harmless the Released Parties from any and

all liability, claims, or demands of any kind or nature, either in law or in equity, arising from or related to the participant's participation in the Program.

---

I voluntarily agree to the terms and conditions stated above.

**Participant Name:** \_\_\_\_\_

**Signature of Participant** *(or Parent/Guardian if under 18):*

\_\_\_\_\_  
**Date: //** \_\_\_\_\_

**Print Name of Signatory:** \_\_\_\_\_

**Address of Participant:** \_\_\_\_\_

**Email of Participant:** \_\_\_\_\_

---