

Fit Lifestyle Studios



Where Health Meets Fitness

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the Health & Fitness Classes, Programs or Workshops offered by Fit Lifestyle Studios LLC during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Exercise Classes, Health Programs or Workshops.

3. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Fit Lifestyle Studios, LLC for injury or damages that I may sustain as a result of participating in any of the programs.

5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Fit Lifestyle Studios LLC for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

DATE SIGNATURE OF PARTICIPATE

If participant is under 18:

AS LEGAL GUARDIAN OF _____, I
CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT
WITNESSED BY:
