



Date: ____/____/____ (dd/mm/yyyy)

Instructor Name: _____
(Herein "The Instructor")

Facility Name: _____
(Herein "The Facility")

Waiver and Release Form

Participant Information:

First Name: _____

Last Name: _____

Occupation (optional): _____

Phone Number (____) ____ - ____ Date of Birth: ____/____/____ (dd/mm/yyyy)

E-Mail Address: _____

Emergency Contact Name (____) ____ - ____
Emergency Contact Phone

I declare that I wish to participate in Bellyfit classes and that I may do so only upon the following conditions and agreements.

1. I hereby REPRESENT and WARRANT to The Instructor, Bellyfit and The Facility, that I am physically capable of participating in Bellyfit without injury, that I have had a recent medical examination within the recommended time limit for my age group, and that I am not aware of any physical illness or condition that could increase my risk of injury during such participation.
2. I recognize that there are risks of injury associated with participation in Bellyfit classes for individuals who elect to participate without appropriate shoes, or are of an age or physical condition that make illness, injury or death as a result of participation more likely.
3. I am aware of the risks inherent in any group fitness exercise program, including but not limited to severe personal injury and death. I understand that through my participation in Bellyfit classes I am subject to possible injury and death, and also understand that by my participation, I accept the risk of possible injury and death.
4. In order to participate in Bellyfit, I hereby WAIVE AND RELEASE The Instructor, Bellyfit and The Facility from any and all claims, costs, liabilities, expenses or judgments, including but not limited to attorney's fees and court costs (collectively "Claims") arising out of my participation in Bellyfit and use of The Facility for Bellyfit. I also agree to indemnify and hold harmless The Instructor, Bellyfit and The Facility from and against any and all such Claims.
5. I hereby voluntarily execute and deliver this WAIVER AND RELEASE so that I may participate in Bellyfit classes at The Facility. I understand that there are risks of injury involved in participating in aerobic exercise and I voluntarily assume such risks.
6. I attest that I am physically fit to participate in the group fitness program. I attest that I am 18 years old or older.

Signature of Participant / ____/____/____ (dd/mm/yyyy)
Date

If participant is under 18:

As legal guardian of the participant, I consent to the above terms and conditions.

Signature of participant's parent/guardian / ____/____/____ (dd/mm/yyyy)
Date