

Boutique Fitness Studio Liability Waiver

Full Name

Date of Birth

Email

Phone Number

Emergency Contact

Name

Phone Number

Health Information

Please list any medical conditions, allergies, or injuries

Waiver & Release of Liability

I acknowledge and agree that participation in classes, activities, and use of facilities at this boutique fitness studio involves inherent risks of injury. I voluntarily accept these risks and agree to release and hold harmless the studio, its owners, staff, and instructors from any and all liability, claims, or demands arising out of my participation.

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I have read and understand this waiver and agree to its terms.

Signature

Date
