

Boutique Fitness Class Waiver & Release Form

Participant Information

Full Name

Email Address

Phone Number

Waiver & Release

By signing below, I acknowledge and agree to the following:

â— I am participating in fitness classes at my own risk.

â— I have consulted with a physician and am physically able to participate.

â— I release and discharge the boutique fitness studio and its staff from liability for injury or damages.

â— I consent to emergency medical care if needed.

Participant Signature

Date

Additional Comments (optional)