

Boutique Fitness Class Waiver Form

Personal Information

Full Name

Email Address

Phone Number

Date of Birth

Emergency Contact

Name

Phone Number

Medical Information

Relevant Medical Conditions, Injuries, or Allergies

Waiver & Release of Liability

I acknowledge that participation in boutique fitness classes carries inherent risks and I voluntarily accept responsibility for any injury or illness that may result. I hereby release the studio, its instructors, and affiliates from any and all liability. I confirm that I am physically able to participate and have disclosed any relevant health issues.

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I have read and agree to the terms above.

Signature

Date