

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Ensuring Your Safety and Enjoyment is My Top Priority:

By signing below, I acknowledge that:

1. As with any physical activity, there are inherent risks associated with Pilates, Yoga, and suspension fitness classes, which may result in injury or death.

Initials \_\_\_\_\_

2. I agree not to participate in any classes while under the influence of drugs, alcohol, or any medications that may impair my judgment or physical abilities.

Initials \_\_\_\_\_

3. I have consulted with a medical professional and have obtained a medical certificate indicating that I am physically fit to participate in these classes.

Initials \_\_\_\_\_

I, (Printed Name) \_\_\_\_\_  
have read and fully understand this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I agree to hold Terril Mire harmless and indemnify her against any liability, losses, damages, or injuries that may arise from my participation in her fitness classes.

Participant Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

EMERGENCY CONTACT (Please Print)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_