

- SD
- INFO

Trial Class: _____



Waiver, Release of Liability and Physical Fitness Readiness Form

I am fully aware of the risks associated with strenuous physical activity; I am in good medical condition/health; I have no medical condition that would prevent me from safely participating in this activity; and I have medical clearance to participate. I knowingly and willingly assume all such risks and acknowledge that my participation in this activity is fully voluntary.

In consideration of my participation in this activity, I, on behalf of myself, my heirs, assigns, executors, administrators and representatives, hereby release and hold harmless Attitudes Dance and Fitness, this venue, and any respective employees, instructors, agents, successors and assigns (collectively, "Releasees"), from any and all liability, loss, damage, costs, claims and/or causes of action of every kind and nature, including but not limited to those for bodily injuries, death, and property damage arising out of or relating to my participation in this activity, even if caused by the negligence of the Releasees.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Massachusetts and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the laws of Massachusetts shall govern this agreement.

I affirm that I am of legal age and am freely signing this agreement. If I am not of legal age, the signing of this agreement shall be witnessed and signed by my parent or guardian. I have read this form and fully understand that by signing this form I am agreeing to abide by all venue guidelines and guidelines of the venue premises regarding the use of its recreational facilities. I further understand that by signing this form, I am giving up legal rights and/or remedies, which may be available to me against the Releasees.

Adult/Guardian Information:

Signature

Date

Email

Check here to receive important studio info!

Print Name

Street Address

Phone (best number to reach you)

Town/City, State, Zip

Additional Youth Information:

Student Name

Birth Date

Medical Conditions, Allergies, etc.?