

# Studio 8 Fitness

## Registration and Release Form

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Share your birthday with us (Month/Day) \_\_\_\_\_

How did you hear about Studio 8 Fitness? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Relationship? \_\_\_\_\_

Do you have any medical conditions or physical limitations that we should be made aware of? \_\_\_\_\_

### Release of Liability

I am participating in fitness/yoga classes during which I will receive information and instruction about fitness and health. I recognize that group fitness requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in group fitness classes. In participating in such classes, I agree to assume full responsibility for any risks, injuries or damages known and unknown which I might incur as a result of participating.

As a participant in yoga/fitness classes, I knowingly, voluntarily and expressly waive any claim I may have against the instructor, owners or the leaseholder of the building for injuries or damages that I may sustain as a result of my participation in classes or workshops held by Studio 8 Fitness, LLC.

I have read the above release and waiver of liability and understand its contents. I agree to the above terms.

If under 18, parental consent is needed before participating in class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Motiv8 Elev8 Appreci8 Collabor8 FS Cres8 Celebr8 Educ8