

INTEGRATED HEALTH CARE AND FITNESS STUDIO
577 Ontario Street St. Catharines Ontario L2N 4N4
(905) 988-9160

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

This form covers all classes offered by Integrated Health Care and Fitness Studio. Please fill out the following, being sure to read and initial each paragraph.

I, _____, hereby agree to the following:

That I am participating in yoga, pilates, zumba, personal training or other workshops offered by Integrated Health Care and Fitness Studio, during which I receive information and instruction about healthy and safe practice. I recognize that these classes and workshops may require physical exertion, which may be strenuous and could result in 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 classes, workshops, and therapies. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these classes, workshops and therapies. _____

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. **I agree to inform my instructor of any physical limitations, physical discomforts and/or injuries before or during classes,** and I take full responsibility for nondisclosure. _____

In further consideration of being permitted to participate in classes, workshops, and therapies, I knowingly, voluntarily and expressly waive any claim I may have against Integrated Health Care and Fitness Studio for injury or damages that I may sustain as a result of participating in this program. _____

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above. _____

Signature of Participant: _____ Date: _____

If participant is under age 18:

As legal guardian of _____, I consent to the above terms and conditions. _____ Date: _____