

Full Name: _____

Phone: _____ Email: _____

Date of Birth: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Please list any major injuries: _____

May we send you notices via email about specials, events, etc.? _____

How did you hear about us? _____

RELEASE AND WAIVER OF LIABILITY

In consideration of my being allowed to participate in the programs of La Bombe Pole Fitness, I agree to the following waiver and release:

1. I, for myself and my heirs, executors and anyone else who may claim on my behalf, hereby waive, release and forever discharge La Bombe Pole Fitness and its employees, owners, representatives, executors and all others from any and all responsibilities or liabilities from personal injury, death, damage to property or loss of any kind resulting from participation in any programs or my use of equipment in the above-mentioned activities.
2. I do also hereby release La Bombe Pole Fitness and its officers, owners, agents, employees, representatives, executors and all others from any responsibility or liability for any injury or damage to myself however caused, including those caused by negligence.
3. I understand that strength, flexibility and aerobic exercise, including the use of equipment offered by La Bombe Pole Fitness is a potentially hazardous activity with certain risks and benefits, some of which are included but in no way limited to: soft tissue injuries such as wounds, bruises, muscle strain, muscle soreness, sprains, acute strains, broken bones, head injuries, back/neck injuries, knee/foot injuries, heart attacks, death, improved cardiovascular fitness, flexibility, increased strength and muscle tone.
4. I also understand that while some of the risks and hazards involved in using the equipment of La Bombe Pole Fitness are foreseeable, others are not. I understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
5. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use equipment without the approval of my physician; in either case, I do hereby assume all responsibility for my participation and activities and utilization of equipment in my activities.
6. I understand La Bombe Pole Fitness, its owners, employees and representatives are not medical personnel, may make no medical judgments, give no medical advice and/or provide no medical care or therapy. I understand that I am responsible for seeking and acting on the advice of medical professionals for all medical issues.
7. I understand that I am responsible for my own safety as well as the safety and security of my own personal belongings. I am aware that theft, damage, vandalism, or loss off personal

property may occur during participation in activities of La Bombe Pole Fitness and I hereby assume all risks, including such risks to vehicles and items left in vehicles in the parking lot.

8. I understand that participation in any activity or use of any equipment of La Bombe Pole Fitness is exclusively for leisure and fitness, and is entirely voluntary.
9. If I am under the age of 21 years, I understand and agree that I will not be permitted to consume alcohol on the premises of La Bombe Pole Fitness.
10. If I am under the age of 18 years, a parent or legal guardian's signature below acknowledges that he or she has read and understands this document, agrees with all waivers, and consents to my participation in activities at La Bombe Pole Fitness under the conditions set forth herein.

I have read, understand and have had the opportunity to seek legal advice from an attorney of my choice regarding the effect of this legal document. I hereby unconditionally release La Bombe Pole Fitness, its entities, owners, employees and representatives from any and all liability resulting from any injuries or loss which may result from my participation in classes, instruction, parties, events and use of equipment.

In addition:

I know that payment is required in advance for all classes and parties.

I know that classes are non-refundable and non-transferable.

I know that I am requested to use my purchased sessions/classes within the specific time frame.

I am aware that a 24-hour cancellation notice is required or the session/class will be charged.

Participant:

Printed Name: _____ Birth Date: _____

Signature: _____ Date: _____

Parent or Guardian (if Participant is under the age of **18** years):

I acknowledge that I have read and understand this document, agree with all waivers, and consent to the participation of the above-named minor in activities at La Bombe Pole Fitness under the conditions set forth herein.

Printed Name: _____ Birth Date: _____

Signature: _____ Date: _____