

BeneFIT Studio Registration & Release of Liability

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Birthdate (mo/day): _____

Email: _____

Emergency Contact: _____ Phone Number: _____

Referred by: _____

New Student Introductory UNLIMITED CLASSES – 2 week starting: _____

Any injuries we need to be aware of or medical issues: _____

Release and Waiver of Liability

I represent and warrant that I am in good physical health and do not suffer from any medical conditions(s) that would limit my participation in classes offered by BeneFIT Studio. I understand that it is my responsibility to consult a physician prior to and regarding my participation in any classes offered by BeneFIT Studio. I understand that the risks associated with the activities offered by BeneFIT Studio and I agree to follow all the instructions so that I can safely participate in classes.

I acknowledge that participation in classes and any other fitness exercise classes exposes me to the possible risk of personal injury. I am fully aware of these risks and hereby release BeneFIT Studio, and/or any other person who may teach at BeneFIT Studio from any liability, negligence, or other claims arising from, or in any way connected with my participation in their classes and any other form of exercise offered by them.

I have read the above and release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the benefits of practicing at BeneFIT Studio.

Printed Name: _____

Signature: _____ Date: _____