

Inner Strength Fitness Studio, LLC Waiver, Release and Assumption of Risk Form

This form is an important legal document. It explains the risks you are assuming by beginning a fitness program or participating in Inner Strength Fitness Studio, LLC programs and opportunities including live and virtual. It is critical that you read and understand it completely.

I, _____, in exchange for being allowed to participate in Inner Strength Fitness Studios programs and opportunities, do here and forever release, indemnify and hereby hold harmless the owners, fitness instructors, volunteers and owners and lessors of the premises at Inner Strength Fitness Studio, LLC and any assistants from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in the activities offered at Inner Strength Fitness Studio, LLC including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK ; (2) ANY SLIP, FALL or TRIP; (3) DROPPING OF EQUIPMENT; (4) DIRECTLY OR INDIRECTLY CONTRACTING OF ILLNESS INCLUDING COVID-19 AND (4) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, , intend for the waiver and release to also apply to my personal representatives, heirs, assigns, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely, including all renewals of memberships or participation in other programs or opportunities at Inner Strength Fitness Studio, LLC, and unless and until provide written notification the Inner Strength Fitness Studio, LLC to the contrary.

I, , recognize all types of fitness class may be difficult and strenuous and that there could be dangers inherent in fitness classes for some individuals. I acknowledge that the possibility of certain unusual physical changes during any fitness class does exist. These changes can include abnormal blood pressure, fainting, disorder in heartbeat, heart attack and in rare instances, death. I have been advised to consult a physician before starting any regular exercise/fitness program, including any Zumba® classes, RIPPED ® and any other classes offered. I acknowledge and agree that I assume the risks associated with any and all activities and/or fitness exercises in which I participate at Inner Strength Fitness Studio, LLC, including the fitness classes listed.

I, , certify that I am physically able/fit, have sufficiently prepared myself for participation in this fitness class and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons physical or psychological or other problems which could preclude my participation in this fitness class and all future classes.

I, , agree that Inner Strength Fitness Studio, LLC may, but has not duty to provide me, through medical personnel of their choice, customary medical or training assistance, transportation and emergency medical services.

I, , agree that I shall not visit or utilize the facilities at Inner Strength Fitness Studio, LLC within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, (iii) Exposure to any person who has a suspected or confirmed case of COVID-19. I agree to check the CDC Travel Health Notices list prior to utilizing the facilities, services, and programs of Inner Strength Fitness Studio, LLC on a daily basis if necessary.

I, , also agree that I will not visit or utilize the facilities services and programs of Inner Strength Fitness Studio, LLC if (i) I am experiencing symptoms of COVID-19 including, without limitation, fever cough, or shortness of breath or (ii) has a suspected or diagnosed/confirmed case of COVID-19. I agree to notify Inner Strength Fitness Studio, LLC immediately if any of the foregoing access/use restrictions may apply.

I, , agree that prior to participating in Inner Strength Fitness Studio, LLC programs and opportunities, I will inspect the facility to be used. If I believe anything to be unsafe, I will immediately advise Inner Strength Fitness Studio, LLC of such unsafe condition(s) and may decline to participate.

I, the undersigned, hereby grant permission to Inner Strength Fitness Studio, LLC to photograph and/or record on video this participant listed and to use this material, in whole or in part, to promote Inner Strength Fitness Studio, LLC in print and/or online. I understand that the material will remain the property of Inner Strength Fitness Studio, LLC. I further waive any claim to remuneration for material used for these purposes.

Print the participants Full Name Legibly _____

Signature (18 & older) _____

If participant is under 18 (Parent or guardian signature) _____

Today's Date _____

Email _____

Phone _____

How did you hear about Inner Strength _____