



INTAKE FORM & RELEASE OF LIABILITY

Name: _____

Email: _____ Phone: (____) _____

Do you have any knowledge or experience with pole fitness? If so, what is your knowledge base/experience?

What exactly is it that interests you about the Body Story Studio?

Please discuss any prior injuries, weaknesses, or health concerns that could potentially affect your participation in Body Story Studio classes and instruction.

Agreement of release and waiver of liability:

Please read and sign:

I hereby agree to the following:

1. I recognize that this movement requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Body Story Studio classes. I represent and warrant that I am physically fit and have no medical condition that would prevent my participation in Body Story Studio classes.
3. I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of my participation.
4. In further consideration of being permitted to participate in the Body Story Studio classes, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by **JENNIFER LOVE AND/OR BODY STORY STUDIO**.

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

Signature of participant: _____ Date: _____

If participant is under 18: Signature of parent/guardian: _____

Email completed form to: jennifer@bodystorystudio