



KateSaid Fitness, Pilates & Speech Therapy, L.L.C.

WAIVER AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned, hereby request permission to use the facilities owned and operated by Kate Blalock, owner of KateSaid Fitness, Pilates & Speech Therapy, LLC located at 11405 Wolfs Landing, Fairfax Station, VA 22039. I know the risks and dangers in using said facilities and all equipment currently on the premises or on the premises in the future and in participating in such activities, and that unanticipated dangers may arise during the use of said facilities and equipment and during the participation in said activities, and I ASSUME ALL RISKS OF INJURY TO MY PERSON, INCLUDING DEATH, AND TO MY PROPERTY that may be sustained in connection with the stated and associated activities.

In consideration for being permitted to use the facilities and equipment of KateSaid Fitness, I agree, in addition to paying for the services rendered, to release KateSaid Fitness, Pilates & Speech Therapy, its owner, and all associated sponsors, from all claims from liability, demands, actions, and causes of actions of any sort made by myself, my heirs, administrators, executors, guardians, and/or assigns arising out of injury to my person or out of my death or injury to my property, whether caused by the negligence of KateSaid Fitness, Pilates & Speech Therapy, its instructors, operators, servants, agents, officials, officers or sponsors while I am using its facilities or equipment or participating in other activities sponsored by KateSaid Fitness, Pilates & Speech Therapy, LLC, on or off its premises.

I also agree to indemnify and hold harmless KateSaid Fitness, Pilates & Speech Therapy, LLC, its owner and instructor, and sponsors, for any loss liability, damage or cost they may incur due to my presence on the premises of KateSaid Fitness, Pilates & Speech Therapy, LLC whether caused by the negligence of KateSaid Fitness, Pilates & Speech Therapy, LLC, its owner and instructor and any associated sponsors.

I represent and certify that my true age is _____ years and I am over the age of eighteen (18) years.

(OR)

I represent and certify that my child is _____ years of age and I, as parent of legal guardian, consent to and authorize my child's participation in the above stated activities and I have full knowledge thereof and, as parent or legal guardian, knowingly and voluntarily executed this Waiver and Release from Liability and Indemnity Agreement.

I certify that my attendance and participation in the stated activities are voluntary.

IN WITNESS WHEREOF, I have executed this WIAVER AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT on:

Signature _____ Date: _____

Witness: _____ Date: _____