



WAIVER OF LIABILITY

I understand I am taking responsibility for my own health and that this program can contribute positively to my overall health and well-being.

I understand the program provides no medical supervision.

I understand the importance of receiving physician approval for exercising prior to embarking on an exercise program.

I understand these are some risks involved in participating in an exercise program including, but not limited to, injuries to my limbs (such as strains, sprains, and broken bones), fainting, lightheadedness, dizziness, shortness of breath, heat illness, irregular heartbeat, and in rare cases, cardiac arrest, heart attack or death.

In consideration of the opportunity afforded me to participate in the dance classes offered at AFB, I, on behalf of myself and my heirs, guardians, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue AFB from any and all costs, losses, damages, liabilities or claims (including without limitation arising from the negligence of any of the instructors, directors, staff, agents, officers or representatives of AFB resulting in personal injury, accidents, illnesses (including death or property loss) which may accrue to me in connection with any activity by me whatsoever at AFB.

I further expressly agree that the foregoing liability waiver is intended to be as broad and inclusive as its permitted by the law of the State of Arkansas and that if any portion thereof is held invalid, it is agreed that the remainder of the agreement shall, notwithstanding, continue in full legal force and effect.

Name (print):

Signature:

Date:

Address:

Phone:

