



WELCOME TO FLOAT AND FLY WELLNESS STUDIO

## **FLOAT and Fly Wellness Studio Waiver & Release of Liability:**

1. I represent that I am physically capable of participating in the Aerial Yoga or other programming provided by Float and Fly Wellness Studio.

2. I understand that Aerial Yoga and physical exercise can be strenuous and subject to risk of serious injury and I have been fully advised that no exercise, activity, or yoga program should be taken without the consent of a doctor or physician and I am responsible for undertaking to obtain such consent.

3. I agree that I am voluntarily participating in the activities provided, directly and indirectly, by Float and Fly Wellness Studio and the use of facilities and premises provided and assume all risks of injury, illness, etc.

4. I agree that Float and Fly Wellness Studio, and assigns shall not be liable or responsible for any injuries to me which may occur as a result of (a) my use of all amenities and equipment provided by Float and Fly Wellness Studio, my participation in any activity, class, program, or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) Float and Fly Wellness Studio, training, supervision.

### **Minimum Health Requirements:**

All levels, ages, and body types are welcome. Students must be in good health, and in proper physical condition to participate in such activity. Students with the following physical limitations should consult their doctor prior to participating in aerial fitness:

If you have any of the below conditions, please consult your physician before participating in an Aerial Yoga Class:

Pregnancy, Glaucoma, Recent surgery (esp. shoulder, eyes, back, hips, hands or wrist), Heart disease, Very high or low blood pressure, Easy onset vertigo, Osteoporosis / bone weakness, Recent head injury, Cerebral Sclerosis, Propensity for Fainting, Carpal tunnel syndrome, Severe arthritis, Sinusitis or head cold, Hiatal hernia, Disc herniation or acute disco genic disease, Recent stroke, Artificial hips, Radiculitis (inflammation of nerve root in spine), Severe muscle spasms, Botox (within 6 hours)

**I acknowledge that I have read this Waiver and Release and understand that it is a RELEASE OF LIABILITY.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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