



BARRE BESTIES, LLC

PHOTO RELEASE WAIVER

Today's Date: _____

A.C. Mitisek and Barre Besties, LLC have my permission to take and use photographs and videos of me and or my child during Barre sessions. I understand that A.C. Mitisek and Barre Besties, LLC will use these photographs and videos publicly to promote the business. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I understand that these images will remain in use until I have requested in writing that they stop being used.

I would like to receive copies of images taken of me / my child via EMAIL / TEXT. (please circle one)

Email Address: _____

Phone Number: _____

_____ I do not want a copy of images take of my child.

_____ I would like to be tagged on Facebook if I / my child appears in any images.

(In order to do this the tagged account needs to "like" the Barre Besties, LLC page on Facebook. You can do this by going to www.Facebook.com/BarreBesties and hitting the LIKE button.)

My name appears on Facebook as _____.

Please also tag _____ if my child appears in any pictures.

_____ I would NOT like to be tagged on Facebook if my child appears in any pictures.

My Name: (Please print legibly.) _____

Child's Name: (Please print legibly.) _____

Release Signature: _____ Date: _____

Release and Waiver of Liability:

I understand and acknowledge the risks of exercise and the right to obtain a doctor’s approval, and therefore, I hold **Barre Besties, LLC** harmless.

IN CONSIDERATION FOR USE OF THE SERVICES PROVIDED BY **Barre Besties, LLC**, I WAIVE, HOLD HARMLESS AND RELEASE **Barre Besties, LLC**, ITS AGENTS, OWNERS, ATTORNEYS, PRINCIPALS, SERVANTS, EMPLOYEES, CLASS INSTRUCTORS, INSURERS, INDEPENDENT CONTRACTORS, GUESTS, AND INVITEES, SUCCESSORS AND/OR ASSIGNS (HEREAFTER **Barre Besties, LLC**), AS WELL AS **Barre Besties, LLC’s** LANDLORDS, ITS LANDLORD’S OFFICERS, DIRECTORS, EMPLOYEES, ATTORNEYS AND AGENTS FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES OR SUITS AT LAW AND EQUITY OF WHATSOEVER KIND, INCLUDING BUT NOT LIMITED TO CLAIMS FOR PERSONAL INJURY, PROPERTY DAMAGE, MEDICAL EXPENSES, LOSS OF SERVICES, ON ACCOUNT OF OR IN ANY WAY RELATED TO OR GROWING OUT OF MY PRESENCE AT **Barre Besties, LLC** OR USE OF ANY **Barre Besties, LLC** EQUIPMENT. THIS WAIVER AND RELEASE IS INTENDED TO AND DOES RELEASE **Barre Besties, LLC** FROM ANY AND ALL LIABILITY FOR DAMAGES OR INJURIES ON ACCOUNT OF OR IN ANY WAY RELATED TO OR GROWING OUT OF MY NEGLIGENCE, THE NEGLIGENCE OF THIRD PARTIES, AND **Barre Besties, LLC** NEGLIGENCE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE IN THE CONSTRUCTION, MAINTENANCE AND UPKEEP OF **Barre Besties, LLC** AND ITS EQUIPMENT, NEGLIGENCE IN TRAINING, AND/OR NEGLIGENCE IN SUPERVISION. THIS IS NOT INTENDED TO RELEASE **Barre Besties, LLC** FROM ANY LIABILITY RESULTING FROM THEIR INTENTIONAL CONDUCT.

This client contract, policies, and release & waiver of liability shall be governed by the laws of the state of Florida. Any disputes relating thereto shall be brought in a court of Hillsborough County, Florida.

AGREED AND ACCEPTED

Participant’s Signature

Date

Participant’s Name: (Please print legibly.)

Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign.)

Date

Parent/Guardian Name: (Please print legibly.)

Relationship

Parent / Guardian Street Address (if different than participant’s listed on page one of this form) State _____ Zip _____