



barre
besties

BARRE BESTIES, LLC

CLIENT INFORMATION FORM

Today's Date: _____

Name: _____

Date of Birth: _____ Age: _____ Gender: M / F

Address: _____

Primary Phone Number: _____ Type: Home / Cell

Email: _____

How did you hear about **Barre Besties, LLC**? (if referral please say who)

Do you have any injuries or physical limitations that **Barre Besties, LLC** should know about?
Modifications can be made for you.

Has a doctor given you any guidelines about exercise recently that **Barre Besties, LLC** should know about? Modifications can be made for you.

Are you pregnant? Yes, I am _____ weeks pregnant. _____ Not Pregnant

Emergency Contact Information:

Name: _____

Relationship: _____ Phone: _____

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 _____