**ATTITUDE x SHINING STARZ MEDICAL RELEASE and QUESTIONAIRE**

By signing this agreement you, the participant acknowledges complete understanding of the various risks involved in strenuous physical activity and assume any and all responsibility for injuries/illnesses incurred on the property of or in the studio of ATTITUDE DANCE & FITNESS, LLC. And Shining Starz Acro-Dance Academy. You are in full disclosure of any pre-existing conditions and physical and/or medical limitations you or your child may have before entering this program and you have obtained clearance from your doctor. In addition, you agree to release ATTITUDE DANCE & FITNESS and all instructors and associates associated with Attitude Dance & Fitness and Shining Starz Acro-Dance Academy from any and all liability in conjunction with exercise and or dance program/prescription in regard to injury, illness and expectations of success. You agree to perform all modifications given by instructor at instructor’s professional discretion and if you choose not to, will not hold instructor liable for illness or injury incurred as a result of failure to comply. Attitude Dance & Fitness and Shining Starz is not responsible for lost or stolen items. Please use discretion with personal belongings. COVID precautions: Temperature must be taken and hands must be sanitized upon entrance to studio. Stay on marked spaces for distance during class. All equipment is sanitized after use. Please stay home if you are feeling the slightest bit under the weather. If you choose to wear a mask during your workout, you agree to assume all responsibility for any ill effects that could potentially occur by doing so. Please note you have the option to wear a mask but instructors will not be wearing them, as the door will also be propped open at all times (unless rain/snow). We feel our safety and cleaning protocols are sufficient. Covering your mouth and nose can interfere with your ability to transport oxygen to your muscles which is needed for optimum performance. Again, it is entirely your choice. Please note all payments are due on or before the 28th of every month. We will make every effort to make up for classes cancelled on our part, but are not required to do so. There are no cash refunds or prorating available. Please print clearly!

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE:\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*SPECIAL REQUIREMENTS OR ANYTHING INSTRUCTOR SHOULD BE MADE AWARE OF, i.e. past injuries, surgeries? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of medications &/or allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_