



Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Date of Birth: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Please list any major injuries: _____

How did you hear about us? _____

Primary Reason for Visiting: **Group Fitness** **Pole Fitness** **Aerial Fitness** **Private Party**

Release and Waiver of Liability

In consideration of my being allowed to participate in the programs of 'Total Gravity Revolution, Inc.' and to use its equipment, I agree to the following waiver and release:

- 1.) I, for myself, my heirs, executors or anyone else who may claim on my behalf, hereby waive, release and forever discharge, 'Total Gravity Revolution, Inc.' and its employees, representatives, executors, and all others from any and all responsibilities or **liability from personal injury, death, damage to property or loss** of any kind resulting from participation in any programs or my use of equipment in the above-mentioned activities.
- 2.) I do also hereby release, 'Total Gravity Revolution, Inc.' and its officers, agents, employees, representatives, executors, and all others from any responsibility or liability for any **injury or damage to myself**, including those caused by negligence.
- 3.) I understand that strength, flexibility and aerobic exercise, including the use of equipment offered by 'Total Gravity Revolution, Inc.' is a **potentially hazardous activity** with certain risks and benefits. Some of which are included but are in no way limited to: soft tissue injuries such as wounds, bruises, muscle strain, muscle soreness, sprains, acute strains, broken bones, head injuries, back/neck injuries, knee/foot injuries, heart attacks, death, improved cardiovascular fitness and flexibility, increased strength and muscle tone.
- 4.) I also understand that while some of the risks and hazards involved in using the equipment of 'Total Gravity Revolution, Inc.' are foreseeable, others are not. I understand that **fitness activities involve a risk of injury and even death** and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
- 5.) I acknowledge that I have either **had a physical examination** and been given my physicians permission to participate, or that I have decided to participate in activity and use equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities.
- 6.) I understand 'Total Gravity Revolution, Inc.', its owners/employees/instructors **are not medical personnel**, may make no medical judgements, give no medical advice and provide no medical care or therapy.
- 7.) I understand that all of the **choreography, instructional techniques, as well as the class structure** contained within these classes have been created expressly for 'Total Gravity Revolution, Inc.' by its owner/creator, and fall under copyright/trademark laws as intellectual property, and may not be resold or bartered, for material gain or material profit of any kind, without expressed written permission and fair compensation to 'Total Gravity Revolution, Inc.'
- 8.) I know that **payment is required in advance** for all classes and parties including workshops and special events.
- 9.) I know that classes are **non-refundable and non-transferable**.
- 10.) I am aware that any **pictures and video taken during class are the property of 'Total Gravity Revolution, Inc.'** and may be published.

I have read, understand, and have had the opportunity to ask questions of this legal document and I hereby unconditionally release 'Total Gravity Revolution, Inc.', its entities, employees and instructors from any and all liability resulting from any injuries which may result from classes, instruction, parties, events and equipment.

Signature: _____

Printed Name: _____ Date: _____