Adult Fitness - Participant Waiver

Full Name: _____ DOB: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

Assumption of Risk:

I acknowledge that I am voluntarily participating in the fitness class(es) provided by Dynamic Dance Arts. I understand that physical exercise, by its very nature, carries with it certain inherent risks, including but not limited to physical injury, strain, discomfort, and even the possibility of serious injury or death. I hereby assume all risks and responsibility for any such injuries or other medical incidents.

Waiver and Release:

I hereby release, waive, discharge, and agree not to sue the Provider, its employees, representatives, affiliates, or agents from any claims, demands, liabilities, rights, damages, expenses, and causes of action of any nature arising out of or in connection with my participation in the fitness class(es), whether caused by the negligence of the Provider or otherwise.

Medical Representation:

I represent that I am physically fit to participate in the fitness class(es) and have no medical condition that would prevent my safe participation. If I have any medical conditions or concerns, I have consulted with a healthcare provider and obtained clearance to participate.

Acknowledgment:

I, the undersigned, hereby acknowledge and understand that participation in fitness classes and related activities conducted by Dynamic Dance Arts involves certain risks and potential dangers. By signing this waiver, I voluntarily agree to participate in the class and assume all risks associated with my participation.

Signature: _____ Date: _____