

TOES TO NOSE WAIVER AND RELEASE FORM LIABILITY

I \_\_\_\_\_, acknowledge and fully understand that by signing this waiver it is my intent to hereby waive any all legal claims against TOES TO NOSE,LLC and it's employees, independent contractors, and associates and or staff members, which may result from accidental or non-accidental injuries, loss or damage to my person or my personal property, resulting from all activities I choose to engage in at the studio or in alternative locations such as parks, or outdoors activities in group settings. I understand that there are risks to exercise using both my own body and equipment. I understand that any movement I elect to engage in may result in injury or even death. This includes all movement Teacher Trainings, workshops Bootcamps, Kettlebell, Aerial Yoga, Hot Yoga and Pilates, any other classes or PERSONAL TRAINING and fitness or restore, stretching or myofacial release workshops or events. I fully elect and choose to engage in fitness related activities at TOES TO NOSE or alternative locations at my own risk.

Along with the agreed above statements, I fully Waive and release any liability or any legal claims or actions towards Toes To Nose, LLC and or its partners or assistants in the Aerial Yoga, Aerial Conditioning, Aerial Pilates, and Silks events, classes, Personal training or classes or workshops. I am not pregnant or in the second trimester. I do not have Glaucoma or High blood pressure, or have NOT had any facial procedures, or general surgery, including Botox, or fillers in the last few months. I am willing to go into inversions or upside down, perform various other inversions or variety of Aerial yoga and its choreography. I willingly and knowingly are open to move and perform kinetically in classes and understand any time you move you are at risk of injury or death. I waive all my rights. \_\_\_\_\_

I \_\_\_\_\_, fully understand and confirm that by signing this WAIVER AND RELEASE FORM LIABILITY I give up considerable current and future legal rights. I have signed this agreement freely, voluntarily, and without any duress. My signature is my proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

I \_\_\_\_\_ understand the content of this document. I am aware that it is legally binding and I sign it of my own free will.

Participants name \_\_\_\_\_ Date \_\_\_\_\_

Participants signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

EMAIL

PHONE

Social media