



Fitness & Group Class Waiver

TODAY'S DATE

NAME:

ADDRESS:

PHONE #:

EMAIL ADDRESS:

BIRTHDAY:

WAIVER: Ohana School of Performing Arts informed consent agreement student member:

I, _____ the undersigned, hereby acknowledge that I am fully aware of the risk of physical injury involved in fitness and group classes. The undersigned assumed such risk of injury from any cause while attending Ohana School of Performing Arts studio activities. Should the undersigned be injured at Ohana School of Performing Arts or the 41 Sheridan Street, Chicopee, MA 01020 facility/field, or representatives/owners of any or all of the addresses, they shall NOT be liable to pay the undersigned, insurance carrier, hospital, doctors, or any other persons any cost or compensation related to an injury.

By signing this document, I acknowledge that I have been informed of the need to obtain a physicians examination and approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any results of injury or mishap that may affect my wellbeing or health in any way. I hold harmless of any responsibility of the instructor, owners, facility, equipment, or any persons involved with this program.

CLIENT SIGNATURE:

I, _____ acknowledge that I am entering into a fitness program designed to improve my personal fitness and well being. I understand that undertaking fitness classes at Ohana School of Performing Arts with any and all of their instructors is at my own risk, as may be involved this with activity, and I fully assume that risk in all classes.

I agree to abide by the rules, payments, and regulations of Ohana School of Performing Arts and/or Ashley Kohl/staff/members and furthermore, I understand that any and all fees I pay are not refundable.

If the student is under the age of 18, this agreement must be signed by a parent or guardian who has read and fully understands the terms and conditions.

I have read and understand this form and program it describes, and I do voluntarily request the right to participate in this or any fitness programs. I do hereby discharge, release, and hold harmless from any and all claims: Ashley Kohl, owner of Ohana School of Performing Arts, the property(s), its employees, its clients and agencies from any and all liability for damages resulting from injury by my participating in the group classes and fitness programs.

I agree to consult my physician for further evaluation and such medical care as needed and required.

CLIENT SIGNATURE:

GUARDIAN SIGNATURE:

PRINT NAME: