



Full Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
Email: _____ **Date of Birth:** _____
Emergency Contact: _____ **Relationship:** _____ **Phone:** _____
How did you hear about us? _____

Release and Waiver of Liability

In consideration of my being allowed to participate in the programs of Pole Sensations and to use it's 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, Pole Sensations 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, Pole Sensations 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 Pole Sensations are 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 Pole Sensations 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 Pole Sensations, 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 'Pole Sensations' by it's 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 'Pole Sensations.'

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

In addition:

- I know that payment is required in advance for all classes and parties including class series and drop-ins
- I know that classes, privates, and party deposits are non-refundable and non-transferable
- I know that I am requested to use my purchased series/classes/courses within the specified time frame. Registered courses, drop ins, and class series are to be used within 3 months.
- I am aware that a 24 hr cancellation notice is required or the session will be charged.

Printed Name: _____

Signature: _____ **Date:** _____

Party Attendees: Please read the above and fill out the next page. Let's have a great party!!



2. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

3. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

4. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

5. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

6. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

7. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

8. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

9. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

10. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

11. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

12. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

13. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

14. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____

15. Printed Name: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____ Date: _____