

**B R E A K T H R O U G H  
S T U D I O**

534 Mendocino Ave. Santa Rosa. CA. 95401

**Liability Release**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I \_\_\_\_\_ hereby agree to the following;

- 1) I recognize that fitness/dance classes require physical exertion that may be strenuous and may cause physical injury, or death and am fully aware of the risks and hazards involved.
- 2) I understand it is my responsibility to consult with a physician prior to and regarding my participation in the Breakthrough Studio class. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation in the class. If I am pregnant, I represent that my doctor has approved my participation and that I know how to properly modify exercises for my condition and limitations.
- 3) I assume full responsibility for all risks, injuries or damages, known or unknown, that I might sustain as a result of participating in the class.
- 4) I knowingly, voluntarily and expressly waive any claim, known or unknown, I may have against Breakthrough Studio, its employees, affiliates, teachers, or suppliers ("Breakthrough Studio") for injury or damages that I may sustain as a result of participating in the class.
- 5) I, on behalf of myself and my heirs or legal representatives forever release waive, discharge, indemnify, and covenant not to sue Breakthrough Studio for any injury or death caused by my or their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to these terms and conditions.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature(if under age 18): \_\_\_\_\_

Date: \_\_\_\_\_