



## **Registration and Client Waiver**

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

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

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

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*Parent Details: (If filling out for a child)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child Allergies: \_\_\_\_\_

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Is there anything else about your health history that you think would be useful for your instructor to know in order to plan a safe and effective practice for you?

In case of emergency, please contact \_\_\_\_\_  
\_\_\_\_\_

I have read and signed the waiver on the next page.

## Liability Waiver and Acknowledgment of Risk

I understand that cancellations for all group classes, private sessions and workshops must be made 24 hours prior to the scheduled appointment and/ or class time or I will be responsible for the late cancellation fees.

I understand that I am participating in fitness classes, programs and workshops such as Aerial Yoga, Pilates Barre, Aerial Arts and Dance, Fly Gym, Dance Performances and Conditioning classes during which I will receive information and instruction. I recognize, that said, the classes require physical exertion which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved. I understand it's my responsibility to consult with a physician prior to and regarding my participation of any exercise program and/or class. If I experience any pain or discomfort I will listen to my body, adjust or change the posture, and inform and seek assistance from my instructor. I represent and warrant that I am physically able to take part in the above fitness classes and have no medical conditions which would prevent my full participation in the classes stated above. I knowingly and expressly waive any claim I may have against AerialFit for injury, damages or loss to my person or property that I may sustain as a result of participation in the above classes. I, my heirs or legal representatives forever release, waive, discharge and covenant not to take any legal action against AerialFit (and its agents, contractors, employees or owners including but not necessarily limited to AerialFit) for any injury or death caused by my own negligence or other acts. By signing this waiver and release I agree to abide by all the clarifications and policies set out by AerialFit. I affirm that I have read and agree to all of the above.

I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me, or my child during any of the AerialFit classes, rehearsals, performances, or activities. I also exempt, release, and indemnify AerialFit, its owners, agents, volunteers, assistants, employees, guest artists, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by AerialFit. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted to AerialFit to use photographs of students for publicity purposes.  
I have read, understood and agree to be bound by the above statement.  
(Please print your name, sign & date)

Date:

Name:

Signed:

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