



NAME _____ D.O.B. _____

PHONE NUMBER _____

EMAIL _____

EMERGENCY NUMBER _____ PERSON _____

Permission to use my photo or video for our social media, flyers, or ads.

YES _____ NO _____

WHICH CLASSES _____

NOTES _____

Liability Release

I fully understand the nature of activities available at Harbor Fitness and I am in good health and proper physical condition to participate in such activities. I recognize that by participating in Harbor Fitness classes that I am engaging in strenuous physical activity, capable of causing serious or minor bodily injury. I fully understand the risks involved with participating in kickboxing, yoga, cardio dance, and any physical activities offered at Harbor Fitness. I knowingly and voluntarily agree and assume all such risks and responsibility for losses, cost, and damages I incur as a result of my participation in any and all classes at Harbor Fitness. _____

I understand that it is the express intent of all staff and personnel of Harbor Fitness to provide for my safety and protection, and in consideration for allowing me to use Harbor Fitness Facilities, I hereby covenant not to sue and forever release contractors, subcontractors, coaches, instructors, owners, directors and other members involved in Harbor Fitnesses Classes (each considered one of the "Releasees" herein), from all liability and for any and all damages and injuries suffered by me during instruction and/or control during any and all classes or extra activities. I further agree that if despite this release, waiver of liability, and assumption of the risk, I, or anyone on my behalf, makes claim against any of the Releasees, I will indemnify, save and hold harmless, each of the Releasees from any loss, liability, damage, or cost, which any may occur as the result of such claim. Harbor Fitness reserves the right to use any video or photographic material for any legal purposes. _____

I understand that Harbor Fitness Instructors, Staff and Management, are not physicians or medical practitioners of any kind. With the above in mind, I hear-by release Harbor Fitness to render any temporary first aid to myself and/or child or children, in the event of an injury or illness deemed necessary by Harbor Fitness. I hear-by also release Harbor Fitness to call a doctor, seek medical help, calling 911 or an ambulance for myself and/or child or children, should Harbor Fitness staff deem necessary. _____

SIGNATURE _____ DATE _____

MINORS Parent/Guardian Name _____

