



## Release of Liability Waiver

I, \_\_\_\_\_, in consideration of the services to be provided by FIT TO FLY LLC, do hereby release and discharge FIT TO FLY LLC, its officers, owners, instructors and employees as follows:

- I understand that yoga/aerial yoga/aerial arts is an activity that involves physical movements. As in the case with any physical activity, the risk of physical injury, whether minor or serious and disabling, cannot be entirely eliminated. I know of no physical or mental condition that would prevent myself from participating in yoga or aerial activities, exercises, or instruction. I will inform the instructor of any health condition that may prevent me from safe participation in said activities. I understand that the instructor is not a medical professional and I accept responsibility for listening to my body should an injury or condition already exist.
- Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I understand that I alone am responsible for keeping the instructor informed of any specific health needs and deciding if I should practice yoga.
- I have fully read and agree to abide by all Studio Policies listed at <https://fittoflynh.com/studio-policies>.
- I have fully read this Release of Liability Waiver carefully. I voluntarily give up certain legal rights and possible claims, demands, and rights of action which are or may be related to or arise out of my participation in yoga or aerial instruction, and release FIT TO FLY LLC, its officers, owners, instructors/employees from any omissions, acts or negligence or any sort.
- I am not currently under the influence of any drug, alcohol, or any other substance that may prevent me from being able to participate safely in Aerial activities. Please advise instructor if you consume cold medicine prior to class, as this may alter your ability to safely maneuver in the Aerial Hammock or Silks.

By signing this Release of Liability Waiver, I acknowledge that I fully understand and voluntarily accept its statements.

Full Name: \_\_\_\_\_

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

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

Emergency Contact/Phone: \_\_\_\_\_

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