



[Please print clearly]

Name: _____

Date: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

How did you hear about our studio? _____

Please describe any current injuries, ailments, aches, pains, etc: _____

Do any of these issues prevent you from regularly engaging in physical activity? (circle one): YES | NO

Have you been cleared to exercise by a physician? (circle one): YES | NO

Please describe your health/fitness goals: _____

Please provide at least one emergency contact individual:

CONTACT #1 _____

CONTACT #2 _____

ADDRESS: _____

ADDRESS: _____

RELATIONSHIP _____

RELATIONSHIP _____

PHONE NUMBER ____/____/____

PHONE NUMBER ____/____/____

Which services are you most interested in (circle all that apply): Barre | Pilates | Yoga

Acknowledgements

As a student of The Barre Effect, I affirm that I am attending classes voluntarily and without any limiting injury or ailment that will prevent me from active participation in a group fitness setting. I understand that all movements, exercises, and/or poses taught are mere suggestions and I may choose to participate in them, or not, based on my level of comfort and physical ability. I will not hold the studio or any individual instructor liable for any potential injury or harm due to negligence. It is my responsibility to modify movements to my ability level, take a break, or stop entirely if I'm experiencing any pain or discomfort during class. If for some reason this changes and/or I happen to sustain an injury during class, I will notify the instructor or studio manager immediately so that proper care may take place. **This applies to all classes provided by The Barre Effect, be it in-studio, outdoors/off site, or virtual/online.**

I have read and understood the studio policies available on the website.

I will abide by the cancellation/no-show policy and assume full responsibility and subsequent charges if not followed.

In the event photographs/videos are taken during class or while I'm otherwise present, I may choose, in the moment, to take part in the media opportunity or not. Such images may be used for marketing and/or social media purposes and may be released without my consent.

(signature)

Date: _____

*****PLEASE TURN OVER FOR LIABILITY WAIVER*****

THE BARRE EFFECT LLC
198 WORCESTER ST, STE 3
NORTH GRAFTON, MA 01536

To participate in any way at The Barre Effect LLC, group fitness studio, virtual/online classes, related events (on-site or off-site) and activities, I _____, the undersigned, acknowledges and agrees that:

- 1) The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff member immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Barre Effect LLC their directors, officers, officials, agents, volunteers, contractors and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,
- 5) I understand I am voluntarily participating to take part in activities at The Barre Effect LLC and/or their studio sponsored event, knowing that it is impossible to keep myself or anyone else who takes part in the event (indoor or outdoor) completely safe from exposure to any infectious diseases. I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE BARRE EFFECT LLC, AFFILIATED ENTITIES, THEIR OWNERS, OFFICERS, EMPLOYEES, INDEPENDENT CONTRACTORS AND ASSIGNS FROM ANY AND ALL RESPONSIBILITY OR LIABILITY WHATSOEVER IN THE EVENT I, ANY FAMILY MEMBER, OR ANY THIRD PARTY CONTRACTS COVID-19, MULTI-INFLAMMATION SYNDROME, OR ANY OTHER COMMUNICABLE INFECTION AS A DIRECT OR INDIRECT RESULT OF MY ATTENDANCE AT THE BARRE EFFECT PROGRAMS.

This release shall remain in effect as long as I take part in such events.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Client's name – please print clearly)

(Client's Signature)

DATE SIGNED: _____