

Mommy and Baby Barre by



LIABILITY WAIVER

I, _____

Hereby acknowledge and agree to the following, as a condition of participation in Mommy and Baby Barre group fitness classes:

- My involvement and/or participation in Mommy and Baby Barre group fitness classes is voluntary, and I am acting under my own free will.
- I understand that it is my responsibility to consult with a physician prior to starting in any fitness program. I represent and warrant that I am physically fit, and I have no medical conditions that would prevent my participation in this class.
- I do not have any medical ailments, physical limitations, or mental disabilities that will affect my ability to participate in Mommy and Baby Barre group fitness classes.
- I understand in group fitness there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my participation.
- There is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time.
- I assume the risks, including, but not limited to, those outlined in this agreement.
- I am 100% liable for all medical and/or legal expenses incurred as a result of any injury or property damage during my participation in Mommy and Baby Barre group fitness classes.
- I forever release the instructor Stella Garmider-Fried and Stellar Bods from any and all claims and causes of action that I or my representatives now have or may have in the future for personal injury, property damage or wrongful death occurring to me, arising out of participation in Mommy and Baby Barre group fitness classes.

- The instructor Stella Garmider- Fried and Stellar Bods has no direct legal or financial responsibility for my personal safety or well-being when I am participating in Mommy and Baby Barre group fitness classes
- I agree to all terms as outlined in this liability waiver.
- In the event that any one or more of the provisions of this agreement shall be held to be invalid, illegal, unenforceable or in conflict with the law according to the jurisdiction of the Province of Ontario, the remaining portions will not be invalidated, and shall remain in full force and effect.

I attest that I have read and understand this document, and agree to all the terms provisions listed above.

Participants name:-----

Participants signature:-----

Date: -----