

CollabFitness+Yoga WAIVER

INFORMED CONSENT FOR EXERCISE PARTICIPATION I desire to engage voluntarily in an exercise program given by Michelle Spore CollabFitness in Redmond, WA. I understand that the activities are designed to place a gradually increasing workload on the body in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout my workouts and should any unusual symptoms occur, I will cease my participation and inform the staff of the symptoms. In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs, building or equipment damage I incur. Fitness results are not guaranteed.

You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property including but not limited to your home and all property inside. If in-home a safe, distraction-free space inside your home, clear of debris and clear of other persons is required.

MEDIA RELEASE I hereby acknowledge that all right, title and interest in the video(s), audio recording(s), and or/photographs (aka "multimedia") in which I have participated being original works belong to CollabFitness (Michelle Spore) and the said multimedia may be used for online and printed promotional and marketing purposes, public and web presentations, and other various electronic media. I hereby release CollabFitness from all claims from which I may now or in the future for compensation of any kind arising out of my participation the the said multimedia and acknowledge that CollabFitness may use my images in such media for promotional and business development purposes.

AGREEMENT AND WAIVER / RELEASE OF LIABILITY In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to: 1. Waive, release and discharge from any and all liability to Michelle Spore, their elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me. 2. Indemnify and hold harmless Michelle Spore, their elected and appointed officials, employees, students, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity. Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, I have freely signed this waiver on the date indicated.

Please note payments to CollabFitness are non-refundable & we have a 24 hour cancellation policy.

Please print clearly:

Signature: _____ **Date:** _____

Printed Name: _____ **Cell #** _____ **Email:** _____

Emergency Contact Name: _____ **Emergency Phone #:** _____

List any injuries, limitations, medications and/or surgeries that may impact your participation in group exercise: