



## Waiver

I release CollabFitness, LLC and its owners, teachers, employees, volunteers and agents, and hold them from any and all liability arising out of any personal injuries or damages, death, foreseeable or unforeseeable, which may occur as a result of my participation in any class, program or activity sponsored by CollabFitness.

I hereby declare myself physically and mentally sound and capable of participation in those activities, programs and classes. I permit CollabFitness and its employees to use any pictures or videos of me taken during class, event or training for promotional purposes.

By acknowledging this, I have read and consented to this. If pregnant, injured or recovering from a disease, injury or trauma - I have consulted a doctor before starting these classes and will not hold CollabFitness responsible for any incidents that may occur knowingly or unknowingly due to my participation in these classes. I will also not hold CollabFitness and its employees and volunteers responsible for any lost, stolen or misplaced belongings.

Lastly, I have read and understood my package has a validity and expiration. I am fully aware of it as I sign this.

Today's Date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_