 **Waiver form**

* I understand that it is my responsibility to consult with a physician prior to taking part in the class.
* I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in this class.
* In consideration of being permitted to participate in any fitness program, I agree to assume full responsibility for any risks, injuries or damages known or unknown which I might incur as a result of participating in the program.
* Some classes may be recorded or photographed for promotional purposes, therefore you agree to potentially be captured on film, and shared across social media.

Date:

Signed: