

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

1. I understand that participation in Pilates classes, strength and flexibility training, stretching, use of fitness equipment, and use of infrared sauna facilities (collectively, “**Activities**”) involves inherent risks, including but not limited to the risk of serious injury, illness, dehydration, heat exhaustion, disability, death, and property damage. I acknowledge that these risks may result or be compounded by the actions, omissions, or negligence of the studio’s instructors, staff, or other participants. I understand that although the instructors and staff will make reasonable efforts to promote safety and reduce the risk of injury during these Activities, they cannot guarantee that I will not be injured or otherwise harmed. This includes risks specific to the infrared sauna, such as overheating, dehydration, fainting, or aggravation of existing medical conditions. NOTWITHSTANDING THESE RISKS, I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN TRAINING. I AGREE TO ASSUME ALL RISKS OF ILLNESS, PERSONAL INJURY, PSYCHOLOGICAL INJURY, PAIN, SUFFERING, DISABILITY, DEATH, PROPERTY DAMAGE, AND FINANCIAL LOSS ARISING THEREFROM, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF THE TRAINER OR OTHERWISE.

2. I waive and release all claims, now known or hereafter known, against **FlexFit Enterprises**, its owners, instructors, employees, contractors, representatives, and affiliates, on account of personal or psychological injury, illness, pain, suffering, disability, death, property damage, financial loss, or the use of my image, voice, or likeness, arising out of or attributable to my participation in Pilates classes, infrared sauna use, or any other activities offered by the studio (“**Activities**”), whether arising out of the ordinary negligence of the studio, its staff, or otherwise. This includes any claims related to photographs, audio recordings, or video footage taken during my participation that the studio may use for marketing, promotional, or training purposes, without compensation. If I do not wish to be photographed or recorded, I will notify the studio in writing prior to participation. I agree not to make or bring any such claim, and forever release and discharge the studio and its personnel from liability under such claims.

3. I confirm that I am in good health and proper physical condition and do not have any medical or other conditions that would impair my ability to participate in these Activities. I will follow all instructions, recommendations, safety guidelines, and cautions of the studio staff at all times. If at any time I believe that I am no longer in proper physical condition to continue participation, I will immediately discontinue further involvement in the Activities.

4. I hereby consent to receive medical treatment deemed necessary if I am injured, become ill, or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation or evacuation. I release, forever discharge, and hold harmless the studio and its personnel from any claim based on such treatment or other medical services.

5. This release may not be orally modified and constitutes the entire agreement of the Trainer and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous agreements, both written and oral, with respect to such subject matter. If any term or provision of this release is deemed invalid, illegal, or unenforceable, all other terms or provisions shall remain in full force and effect.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE TRAINER.

For Minors: If the participant is under 18 years of age, only a parent or legal guardian may sign this waiver.

Signed: _____

Date: _____

Printed Name: _____