



GUEST WAIVER

PLEASE COMPLETE ALL HIGHLIGHTED INFORMATION BELOW.

NAME (FIRST NAME & LAST NAME) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOBILE PHONE _____ HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH (MM/DD/YYYY) _____ GENDER M F

EMAIL _____

EMERGENCY CONTACT & PHONE _____

HOW DID YOU HEAR ABOUT US NEWSPAPER MAGAZINE FRIENDS OTHER

WAIVER AND RELEASE

I hereby agree to participate in dance and exercise programs given by Sierra Fitness, it's officers, directors, employees and contractors (herein, collectively the "Company") upon the understanding and condition that:

1. I agree that the Company is no way responsible for the safekeeping of my personal belongings.
2. I acknowledge that the Company has advised me of the medical risks that may result from such participation and I represent to the Company that I have consulted my personal physician or other health authority and am physically capable of such participation without injury.
3. I have been specifically advised of the special medical risks associated with participating in the Company's program for individuals whose weight exceeds recommended maximums, who elect to participate without appropriate footwear, of whose age or general physical condition make illness or injury as a result of such participation more likely.
4. I recognize the risks of illness or injury inherent in any fitness program and am participating in the Company's program upon the express agreement and understanding that I am here-by waiving and releasing the Company from any and all claims, costs, liability, expenses or judgments including attorney's fees and court costs (herein, collectively "Claims") arising out of my participation in the Company's programs or any illness or injury resulting there-from, and here-by agree to indemnify and hold harmless the Company from and against any and all such Claims except Claims proximately caused by the gross negligence or willful misconduct of the Company.
5. I here-by execute and deliver this waiver and release to induce the Company to permit me to participate in its programs.

I ACKNOWLEDGE THAT THERE IS A 24 HOUR CANCELATION POLICY ON ALL PRIVATE, PILATES, AND GROUP TRAINING SESSIONS.

I have read and understand the above information

Member's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____