



Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Do you have any injuries or past surgeries we should be aware of? If yes, please give a description.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in Group Fitness Training (the "Activity"), and as consideration for the right to participate in the Activity, I hereby knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Koru Group Fitness, located at 5042 Clemson Ave., Columbia, South Carolina 29206, their affiliates, managers, agents, members, employees and volunteers, for any physical or psychological injury, including but not limited to illness, paralysis, damages, death, that I may suffer as a direct result of my participation in aforementioned Activity.

I agree that my safety is primarily my own responsibility. I agree to make sure that I know how to safely participate in the Activity, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue, to limit my participation to reflect my personal fitness level, and to refrain from any and all actions that would pose a hazard to myself or others.

In the event that I should require medical care or treatment resulting from the aforementioned Activity, I agree to be financially responsible for any cost incurred. I am aware and understand that I should carry my own health insurance.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

\_\_\_\_\_  
Participant's Signature Date Signed \_\_\_\_\_

**PARENT/GUARDIAN WAIVER FOR MINORS**

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_ named above, and do hereby give my consent without reservation to participation on behalf of this individual.

Parent/Guardian Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_