



WISTWIND SCHOOL

GROUP FITNESS WAIVER

Name: _____

Preferred Phone: _____

Email: _____

Emergency Contact
(name/relationship/phone): _____

ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY:

I understand that I will be participating in a fitness program through Wistwind School that will require physical exertion. I neither have physical limitations, nor am I taking any medications or receiving any medical treatment that might make it unsafe for me to participate in the fitness program. I understand that, by signing this statement, I am agreeing to not hold Wistwind School or any of its employees, owners, agents or insurers responsible for any bodily injury that I may suffer as a result of my participation in a fitness program through Wistwind School. As such, I understand and agree that Wistwind School, it's employees, owners, agents or insurers shall not be liable for any bodily injury that may result either directly or indirectly from my participation in a fitness program through Wistwind School.

Participant's signature _____ Date _____