



Root SUP & Fitness, LLC

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

I, \_\_\_\_\_, wish to participate in the exercise and training program, fitness classes, yoga classes and aerial yoga classes offered by root SUP & Fitness, LLC. I understand there are inherent risks in participating in a program of strenuous exercise. I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk and against recommendation of root SUP & Fitness, LLC.

Root SUP & Fitness, LLC shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program(whether at home, at the studio, on the water, outdoors or at a corporate, commercial, residential or other fitness facility), and I expressly release and discharge root SUP & Fitness, LLC, its owners, employees, agents and/or assigns from all claims, actions, judgements and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program. This release shall be binding upon my heirs, executors, administrators and assigns.

I understand that root SUP & Fitness, LLC will maintain my privacy from all private information disclosed and that it is my responsibility to inform employees of any changes in my health that may affect my ability to exercise safely.

I understand that I am exercising at my own risk and if I feel lightheaded, dizzy, nauseated or experience pain or discomfort, I will immediately stop all activity and inform my trainer.

I understand the results of any fitness program cannot be guaranteed and my progress depends on my own effort and participation in and out of the sessions at root SUP & Fitness, LLC.

I understand that all classes and training sessions are on a pre-pay basis and sessions are non-transferable and non-refundable.

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Root SUP & Fitness, LLC representative

\_\_\_\_\_  
Date