



# ***PISCES POLE STUDIO LTD***

*Stronger together, building confidence and community*

*the Pisces way!*

## **Liability Waiver & Release Agreement**

### **PARTICIPANT INFORMATION**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **CLASS / PROGRAM DETAILS**

Class Type:

- ☐ Pole Fitness
- ☐ Aerial Hoop
- ☐ Aerial Silks
- ☐ Choreo
- ☐ Flexibility / Conditioning
- ☐ Private Lesson
- ☐ Other: \_\_\_\_\_

Preferred Class Day/Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## **ACKNOWLEDGEMENT OF RISK**

I, the undersigned, understand that **pole fitness, dance, flexibility training, and strength-based movement** involve inherent physical risks. These may include, but are not limited to:

- Muscle strain or sprain
- Bruising or skin burns
- Dizziness or fainting
- Falls from height
- Joint or back injury
- Aggravation of existing medical conditions

I acknowledge that participation is **voluntary** and that I am responsible for monitoring my own physical condition at all times.

## **HEALTH & MEDICAL DECLARATION**

Please list any medical conditions, injuries, allergies, or additional needs:

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I confirm that:

- I have disclosed all relevant medical conditions to my instructor.
- I am physically able to participate in pole fitness activities.
- I will inform Pisces Pole Studio Ltd of any changes to my health.
- I will not participate while under the influence of alcohol, drugs, or medication that may impair my ability to train safely.



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## **Medical Consent**

- ☐ I consent to basic first aid being administered if required.
- ☐ I consent to emergency medical treatment if necessary.

## **PARTICIPANT RESPONSIBILITIES**

I agree to:

- Follow all safety instructions provided by instructors.
- Use equipment only as directed.
- Warm up properly before training.
- Avoid attempting skills beyond my current ability level.
- Respect the studio space, equipment, and other participants.

## **RELEASE OF LIABILITY**

By signing this form, I hereby:

- **Release and discharge** Pisces Pole Studio Ltd, its owners, instructors, staff, and affiliates from any and all liability, claims, demands, or causes of action arising from participation in classes, workshops, private lessons, or open training sessions, except where caused by negligence.
- **Assume full responsibility** for any injury, loss, or damage that may occur during participation.
- Understand that this waiver applies to **all future visits** unless revoked in writing.



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## **PHOTO & VIDEO CONSENT (Optional)**

Please select:

☐ I consent to the use of photos/videos of me for marketing and social media.

☐ I do NOT consent.

☐ I consent to my photos being displayed in the studio

☐ I agree to the use of any photos/videos, that I share with the studio, to be used for marketing and social media

## **EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **SIGNATURE**

By signing below, I confirm that I have read, understood, and agree to the terms of this Liability Waiver & Release.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Instructor (optional): \_\_\_\_\_