

A Balanced Approach LLC Registration/Liability Waiver

Name:	Birth date:
Mailing Address:	Cell Phone #:
E-mail:	Emergency Contact phone #:

For reservation notifications, do you prefer to be reached via email _____ text _____ or both _____?

I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in this group exercise program. I am participating in the group exercise program with the knowledge of the dangers involved. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult my personal physician for further evaluation and such medical care as I require.

I do hereby release and discharge A Balanced Approach LLC and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.

Signature of participant _____ Date _____

Signature of parent or guardian, if participant is under age of 18:

Date _____

Please initial to acknowledge the following terms & conditions:

_____ I understand that only clean indoor workout shoes and water are permitted in the fitness rooms.

_____ I understand that classes have a fixed capacity, and the only way to secure a spot in a class is to register online. I also understand that if I can't attend a class, I must **cancel at least 2 hours before the class begins to avoid a \$10 fee**.

_____ I understand that class packages and memberships can be used for any group fitness classes, but that special class series and personal training sessions are purchased separately.

_____ I understand that scented products should not be used in the studio.

_____ I understand that by participating, I give my permission for photos or video clips of fitness classes in which I participate to be used for advertising and promotional purposes.

_____ I understand that it is my responsibility to inform the studio/instructor/trainer of any health conditions, injuries or pains that might affect my workout.

_____ *Prepaid Classes:* I understand that prepaid classes (drop-in or bundles) expire one year after the date of purchase, and that unused class sessions can be transferred to another member upon request.

_____ *Monthly Memberships:* I understand that monthly memberships will automatically renew and charge my account at the end of each month-long period. I also understand that I can stop or restart my membership at any time, and I can pause up to three times each year (for up to a month each time) with written notice 10 days in advance of my next renewal date.