Studio name _____

Release of liability

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Email

Phone

Activity

Risks and rules

Please read and initial
I understand this activity has risks, including falls, collisions and injuries, and that they can happen even when everyone follows the rules.

Initials

Please read and initial
I will follow the staff's instructions and the posted rules, and I will stop if staff ask me to.

Initials

Please read and initial
I'm not under the influence of alcohol or drugs, and I've told staff about any condition that affects my safety.

Initials

Please read and initial
I release the business and its staff from claims for injuries that come from the ordinary risks of this activity, to the extent the law of this state allows.

Initials

Emergency contact and photos

Release of liability

Emergency contact

Photos of you

Sign

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature

Date

Printed name