

Release & Waiver

Synergy Studio

I, _____, have enrolled in a program of physical activity, including but not limited to, body conditioning machinery used during the workouts offered by Synergy Studio. I affirm that I am in good physical condition and do not suffer from any disability that would contribute to injury. Furthermore, I understand and agree with the following:

1. I assume full responsibility while voluntarily participating in any training and /or exercise class at my sole risk and shall abide by any and all rules and regulations for use of the facility which may be altered and publicized from time to time by its owner or Synergy Studio.
2. I am aware that there exists the possibility of certain conditions occurring during or following training and /or exercise. These conditions include, but are not limited to: mild or light headedness, fainting, abnormalities of blood pressure or heart rate, ineffective heart function and in rare instances, heart attack and stroke. The reaction of the cardiovascular system to such activity cannot be predicted with complete accuracy.
3. It is strongly recommended that I receive medical clearance from my private physician prior to starting this or any exercise training program. This program can be designed for persons with known heart disease or those with disorders, which can require medical supervision however, those persons should have a direct physician referral. Synergy Studio reserves the right to deny services to those without written consent/referral from their physician.
4. I expressly agree that I have been informed that the program involves possible risks and all exercises shall be undertaken at my sole risk and that neither Synergy Studio, nor the officers, directors, agents or employees shall be liable to me nor any other person, for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected to services and/or exercises having direct or indirect relation to this facility, and not resulting from the negligence of Synergy Studio or its officers, directors, agents or employees.
5. I am aware students participating in the Synergy Studio Polestar Education Programs may observe classes and I may decline observation in a private session.
6. I give consent to Synergy Studio, and its subsidiaries and affiliates, to use photographs free of charge, in connection with any and all promotions; including but not limited to video, photography, mailings, or internet pages created by and for Synergy Studio, and used by them for promotional videos, internet use, slide presentations, advertising or brochure inclusion.

*This release & waiver will NOT expire. Client personal information obtained on Health & Fitness Form

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE CONDITIONS

Client Signature: _____ Date: _____

Witness: _____ Date: _____

In case of emergency, please contact: _____

Emergency phone number(s): _____