



FITNESS EVENT

AGREEMENT OF RELEASE, ASSUMPTION OF RISK AND WAIVER OF LIABILITY

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Tel: _____

How did you hear about us? _____

This agreement is between FluffyNFitness, Fitness Instructors, and participants of the fitness event. This waiver also covers the Fitness Instructors, its employees, volunteers, vendors, ZIN members and location hosting the event as well as the main coordinators of this event.

I, _____, hereby agree to the following:

1. I am participating in FluffyNFitness Fitness event offered this date. I recognize that all FluffyNFitness Fitness classes require physical exertion that may be strenuous and may cause physical injury, including death, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in FluffyNFitness Fitness. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in FluffyNFitness Fitness classes.

3. In consideration of being permitted to participate in FluffyNFitness Fitness, I agree to assume full responsibility for any risks, injuries or damages (known or unknown), property damage or loss of any kind in which I may incur as a result of participating in FluffyNFitness Fitness.

4. In further consideration of being permitted to participate in FluffyNFitness Fitness, I knowingly, voluntarily and expressly waive any claim I may have against the authorized Instructor(s) for any injuries or damages (known or unknown), property damage or loss of any kind, including death that I may sustain as a result of participating in any FluffyNFitness Fitness class. I fully understand that I waive any and all claims to FluffyNFitness and Fitness Instructors, its employees, volunteers, vendors, ZIN members and location hosting the event as well as the main coordinators of this event.

5. I have read the above release, waiver of liability and assumption of risk, fully understand its contents and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be the complete and unconditional release of any and all liability. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in this and all future FluffyNFitness Fitness Events.

6. **Photo/Video Permission and Release**
You grant to Fluffy-N-Fitness the absolute Right and Permission to use your name and likeness and to copyright, and/or use and/or publish photographs and/or video and sound recordings of you for broadcast, publication or any lawful purpose. You RELEASE, DISCHARGE and AGREE to HOLD HARMLESS FLUFFY-N-FITNESS FROM ANY LIABILITY FOR ANY USE OF THE PHOTOS AND VIDEOS.

NO VIDEO TAPING OF INSTRUCTORS ALLOWED

Releaser/Participant Signature Date

Parent / Guardian (for participants under 18) Date