

# Welcome to Corner Barre!

**Please Complete the information below if you have not signed up for your first class online.**

Return the form to the instructor and don't hesitate to ask questions of let us know if you need any further information. We hope that you enjoy the class!

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of first class attended: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_ I hereby understand and acknowledge that the training, programs and events held by Corner Barre may expose me to many inherent risks, including accidents, injury, illness or even death. I assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or high humidity, and all other such risks being know and appreciated by me. I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of participation and Corner Barre furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Corner Barre, it's officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in Corner Barre training and/or events.

I have read the above release and waiver of liability and fully understand it's contents. I voluntarily agree to the terms and conditions stated above. This agreement shall be governed by the laws of the Commonwealth of Virginia.

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Signature of Participant