



# KALIENTE FITNESS STUDIO

## Agreement and Release of Liability

I, the undersigned, hereby expressly and affirmatively state that I wish to participate/teach classes held at the **Kaliente Fitness Studio**, including but not limited to any fitness, dance formats, practices, trainings, and events. I realize that my participation in any activity at the **Kaliente Fitness Studio** involves risk of injury, including but not limited to muscle strain, joint sprains, broken bones, slips, trips, falls, heart attack, stroke, and even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to my participation, and that it is not possible to specifically list each and every possible injury risk. However, knowing the material risks, and reasonably anticipating that other injuries or even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even the risk of death, which could occur by reason of my participation.

I subjectively understand the risk of my participation in any activity at the **Kaliente Fitness Studio**, and knowing and appreciating these risks I voluntarily choose to participate, assuming all risks of injury or even death due to my participation. I do hereby waive, release, and forever discharge **Kaliente Dance Fitness, LLC. Kaliente Fitness Studio, Carmen Patton, Jennifer Lesmes, Jaime Lopera**, and all employees, contractors, and representatives from any and all responsibilities or liability for injuries or damages resulting from my participation. Furthermore, I also understand the importance of consulting with my doctor or primary care physician prior to starting or changing a fitness program.

Pictures/Videos/Testimonials & other material might be taken or collected for the purpose of putting them on the company website or local flyers. They will be the property of **Kaliente Dance Fitness LLC**. with no liability for purpose of promotions.

Participant (Print) \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Participant (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian: (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_  
(If Under18)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Would you like to join our email list to receive updates on events, promotions, etc?

Yes, please! \_\_\_\_\_ No, thank you. \_\_\_\_\_

Email \_\_\_\_\_

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