

**Liability Waiver**

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I desire or intend to allow myself or child to participate in the fitness classes/dance classes offered by Affinity Studio LLC at 10 Roberts Lane Suite 5, Ridgefield, Connecticut 06877.

**Assumption of Risk**

I understand and acknowledge that physical exercise can be strenuous and has the potential to result in illness or serious injury, such as: sprains, fractures, ligament/muscle strains and/or tears or other injuries not listed. I recognize that it is my responsibility to consult with a physician to evaluate my/my child's health before participation in the activity. I represent to Affinity Studio LLC that I/my child has no preexisting condition that would put me/them at heightened risk for injury or prevent me/them from participating in the activity. Specifically, I/my child will abide by the following rules given to me by Affinity Studio LLC, its instructors, employees, management, or agents.
I understand and appreciate the inherent risks associated with the Activity, and agree to assume all responsibility for any risk, known or unknown, associated with participation in the activity.

**Waiver of Liability**

To the extent that statute and case law allows for waivers of liability regarding ordinary negligence, I, my spouse, heirs, administrators and representatives hereby release Affinity Studio LLC, their parent companies, affiliates, employees, contractors, management, volunteers, insurance carriers, agents, successors and assigns them from any and all claims arising from the negligence of the said above associated with use of the facility, or participation in the activity.
Furthermore, I, my spouse, heirs, administrators and representatives, release, indemnify and hold harmless the said above for any personal injury to participant, damage to personal property of participant or others, mental anguish of participant, their spouse, or family, wrongful death of participant, claims brought by others arising from participant’s conduct during participation in the activity, and other legal claims that occur in association with the use of the facility, or participation in the activity. The indemnification extends to any court costs, legal fees, attorney fees and administrative costs associated with the claims.

**Authorization of Emergency Aid**

If required, I expressly authorize the provision of emergency medical assistance if I/my child becomes injured during the activity.

**General Terms**

The activity is ongoing, and this waiver is meant to cover each instance of participation by the participant. In exchange for the execution of this waiver, Affinity Studio LLC is allowing the participant to participate in the activity.
This waiver supersedes any prior agreements or representations, written or otherwise, made between myself/my child and Affinity Studio LLC. If any of this waiver is deemed unenforceable, that provision shall be severed from the waiver and the remaining provisions shall remain in full force and effect. This waiver shall be governed by the laws of the state of Connecticut.
BY SIGNING THIS WAIVER, I REPRESENT THAT I HAVE FULLY READ AND UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THAT BY SIGNING THIS WAIVER I AM RELINQUISHING RIGHTS I WOULD OTHERWISE POSSESS, SUCH AS THE RIGHT OF RECOVERY FOR INJURY RESULTING FROM THE INHERENT RISKS OF THE ACTIVITY OR THE ORDINARY NEGLIGENCE OF AFFINITY STUDIO LLC.

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Signature Print Name

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_