LIABILITY WAIVER & RELEASE OF CLAIMS for FULL OUT MOVEMENT, LLC
DANCE and HIP HOP CARDIO CLASSES

Participant Information

Name: Date of Birth:

Email:

Address: City, State Zip:

Acknowledgment of Risks: I understand that participating in dance and hip hop cardio class(es) involves vigorous aerobic and dance movements (e.g., jumping, twisting, turning) that carry inherent risks, such as strains, falls, cardiovascular issues, and other injuries. I voluntarily participate with full knowledge of these dangers.

Health & Medical Clearance: I attest that I am in good physical condition for these classes—or have consulted a physician if needed—and will inform the instructor of any relevant medical conditions before participating.

Release of Liability: In consideration of being allowed to participate, I hereby waive, release, and discharge FULL OUT MOVEMENT LLC, its owners, employees, contractors, and agents from all claims arising out of injury, illness, accidents, property damage or theft, natural disasters, damage and/or acts of God incurred during participation in these classes—even those resulting from negligence—to the fullest extent permitted under North Carolina law.

Assumption of Risk: I fully accept and assume all risks of participation, whether known or unknown, and whether caused by myself, others, or the instructor.

Photo/Video Release (Optional): I grant permission for any photos or videos taken during classes to be used for marketing or educational purposes unless I opt out in writing.

Severability: If any part of this waiver is deemed unenforceable, the remainder will continue to be valid and in effect, to the fullest extend permitted under North Carolina law.

Duration of Waiver: This waiver and release shall remain in full force and effect for all current and future participation in hip hop cardio classes and related activities offered by FULL OUT MOVEMENT LLC, its owners, employees, contractors, and agents, unless and until the participant (or parent/guardian, if applicable) provides written notice of withdrawal of consent. Any such withdrawal will not apply retroactively and will only be effective for participation after the date of written notice.

Participant Agreement: I certify that I have read this document and I fully understand its' contents. I am aware that this is a release of liability contract and I am signing it of my own free will.

Participant Signature: _____ **Date**:

Parent/Guardian Consent for Minors: *If the participant is under 18 years old, a parent or guardian must sign below.*

Parent/Guardian Name:
By signing below, I affirm that I am the parent or legal guardian of the above-named minor and I consent to their participation and agree to the terms of this waiver on their behalf.

Parent/Guardian Signature: _____ **Date**: