

Participant Information

(All information will be kept private and confidential)

Name: _____ **Email Address:** _____

Date of Birth: ___ / ___ / ___ **Age:** ____ **Gender:** _____

Address: _____
(street) (City) (State/Zip)

Phone (Primary): _____ **Secondary:** _____

Emergency Contact: _____
(Name) (Phone) (relationship)

ASSUMPTION OF RISK; WAIVER & LIABILITY RELEASE

1. Acknowledgement of Risk

I acknowledge and understand that participating in Lagree fitness classes involves strenuous physical activity that may include the risk of injury, illness, or even death. I confirm that I am physically capable of participating and have either consulted my physician or voluntarily choose to proceed.

2. Assumption of Risk

I voluntarily assume all risks associated with participation in any and all activities at The Pursuit, including use of the Megaformer and other equipment, whether during class, private training, or open studio use.

3. Release of Liability

In consideration of being permitted to participate, I hereby release, waive, discharge, and hold harmless: Red Pear Limited Liability Company DBA The Pursuit, its owners, instructors, employees, contractors, and affiliates from any and all claims, demands, causes of action, or liability arising from injury, disability, death, or damage to property resulting from participation, even if caused by negligence.

4. Emergency Medical Care

If CPR or emergency assistance is required, only personnel certified in CPR will respond to the extent of their training. Instructors who are not certified will call emergency services and provide support within their capacity.

5. Media Release

I understand that participants at The Pursuit may be photographed or filmed during classes or events. By signing this waiver, I grant The Pursuit full rights to use any images or recordings of me for promotional, editorial, or commercial purposes, including but not limited to social media, websites, and advertising, without the need for further approval or compensation.

6. Cancellation and Refund Policy

I understand and agree to abide by the studio's cancellation and refund policy, including any fees for missed or late-cancelled classes. I understand that membership and prepaid sessions are not transferable or refundable.

7. Severability and Governing Law

This agreement is governed by the laws of the State of Washington. If any part of this agreement is deemed unenforceable, the remainder shall remain in full force and effect.

8. Acknowledgment and Signature

I have read this waiver fully and understand its contents. I understand that by signing this form, I am waiving certain legal rights. Should the above mentioned parties or anyone acting on their behalf be required to incur attorney's fees or costs to enforce this agreement, I agree to reimburse them for such fees or costs.

Signature: _____ **Date:** _____
(participant or parent/legal guardian)

If signing on behalf of a child or minor, I also give permission to administer the necessary first aid, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility if deemed necessary for their well being.

Full Name of Child/Minor for Whom I'm Signing (if applicable): _____