



FLY Fitness & Aerial Arts Inc.
Regina, SK

Full Name of Participant: _____

Pronouns (she/hers, he/his, they/theirs, etc): _____ Date of Birth: _____

Mailing Address (required for insurance): _____

Home Phone: _____ Email: _____

Emergency Contact (name & phone): _____

How did you hear about us? **Instagram** **Friend Referral** _____

Facebook **Google** **Other** _____

I, _____ (the "Releaser") for myself and on behalf of my heirs,
(Your name, even if this document is for your child(ren))

assigns, personal representatives, next of kin, hereby release and hold harmless FLY Fitness & Aerial Arts Inc., its officers, agents, and/or employees, other participants, sponsoring agencies, and, the owner and leaser of the premises used in the operation of FLY Fitness & Aerial Arts Inc. with respect to any and all injury, disability, death, or loss or damage to person or property, HOWSOEVER CAUSED, INCLUSIVE OF ANY NEGLIGENCE, PAST, PRESENT, OR FUTURE OF ANY OF THE RELEASEES.

I understand that although FLY Fitness & Aerial Arts Inc. has preventative measures in place for COVID-19 there is a risk of exposure which could result from the actions, omissions, or negligence of myself and others. I voluntarily assume the risk of exposure to COVID-19 by attending FLY Fitness & Aerial Arts Inc. and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind.

I have read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Agree and Accepted:

Signature of Releaser
(or parent or guardian if Releaser under 18)

Witness

Date

Do you have any medical/health conditions or injuries that we should know about?

