WAIVER OF LIABILITY

I hereby agree to the following:

1. I will notify the instructor before the session if I (or my minor) have sustained any injuries, illnesses, or medical conditions. Participation is completely voluntary. All information given to the instructor is completely private and confidential.

2. I understand that as with all exercise, classes at SKYLAB AERIAL STUDIO carry an element of risk and I (or my minor) may experience some bruising or burn, tenderness around the backs of your knees, feet, shins, waist, the palms of hands and I (or my minor) may feel slightly achy for a few days afterwards. All sessions have been designed to minimize those risks and with continued practice m body will become conditioned to the movements involved. If during the session I (or my minor) feel excessive pain or discomfort, I (or my minor) will notify the instructor immediately.

3. I (or my minor) understand that I (or my minor) will receive physical assists or adjustments to enhance or correct my body posture during class by either the teacher or an assistant in class.

4. I commit to strictly follow SKYLAB AERIAL STUDIO'S internal regulations and safety procedures. I knowingly, voluntarily, and expressly waive any claim I may have against SKYLAB AERIAL STUDIO and their staff for any loss, injury, or damages of any kind arising out of my (or the minors) use of facilities at SKYLAB AERIAL STUDIO or out of my participation in training, classes or anything else organised by or on behalf of SKYLAB AERIAL STUDIO.

5. I understand that an area for personal belongings is available during class, however, I agree that SKYLAB AERIAL STUDIO is in no way responsible for the loss or damage of any of my belongings while I attend class.

6. I have read, understand, and agree to abide by the policies and regulations of SKYLAB AERIAL STUDIO, especially for the rule for open practice which is a self-practice session (without instructor) for students or experienced aerialists to practice on their own.
    - I am NOT to provide any coaching/teaching to other students under any circumstances. I will be held responsible for all loss or injury to other person(s) and/or property as a result.
    - I only work according to your CURRENT level of (skills) capability and fitness! I do not try new moves/tricks that I am not familiar with or did not learn in class.
    - ALWAYS use a crash mat! By coming to the open practice session, I agree to these conditions

7. All applicants under the age of 18 years must have consent, in written form, from a parent or guardian. You must ensure that the details provided by you on registration or at any time are correct and complete.

I have read the above release and waiver of liability and fully understand its contents.

I voluntarily agree to the terms and conditions stated above.

Full name of participant _____

Signature _____

Parents/Guardian (if applicable) _____

Date _____

<u>Emergency Contact</u>

Name:
Phone number: