



Fitness and Wellness Studio, LLC
Westminster Gateway Business Center
1030 Baltimore Blvd. Suite 160 / Westminster, Maryland 21157
www.thrivegroupfitness.com / 410-259-4542

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ CARRIER: SPRINT/VERIZON/AT&T/OTHER: _____

DATE OF BIRTH: ____/____/____ EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ EMERGENCY CONTACT PHONE: _____

WAIVER OF LIABILITY

By my signature below, I understand that the instructors, the practitioners and the facility (Thrive Fitness and Wellness Studio, LLC) assume no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from participation in any live/virtual activities, as well as from the use of any equipment at the facility. In addition, I know that I should consult with my physician before beginning any physical activity. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in any live/virtual activities associated with Thrive Fitness and Wellness Studio, LLC. I hereby release and discharge the instructors, the practitioners and the facility from any and all claims for injury, illness, death, loss or damage which may result from my participation in activities at this facility.

PAY-PER-CLASS & PERSONAL TRAINING POLICY

Payment must be made in full prior to attending any class or personal training session and the purchase must be redeemed by the expiration date. 60 day expiration date extensions are available for a \$15 processing fee, if client makes this purchase prior to the original expiration date. No refunds or credits are issued for classes or sessions missed or late cancelled by the client.

SIGNATURE

DATE