



# WAIVER AND RELEASE FROM LIABILITY

Please fill out the form and upon completion email to [sean@stretchnfoldfitness.com](mailto:sean@stretchnfoldfitness.com).  
All information below is confidential. Completed forms must be received prior to your first session

## Exercise Class

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with STRETCHNFOLD activities and events organized Anne or Sean Kane

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law, I am 18 year of age or older and mentally competent to enter into this WAIVER.

Participants Printed Name	Signature