



GROOVAROO DANCE™ WAIVER OF LIABILITY FORM

I intend to participate on a "Babywearing Dance" class and some or all of the services provided by GroovaRoo Dance™. I understand that physical and recreational activities, such as those offered by GroovaRoo Dance™ can be strenuous and hazardous. I understand that I may experience bodily injury and potential health risks to myself or my baby that could lead to possible death. These risks include, but not limited to the following: injuries to the body including muscle, ligaments, tendons, and joints. Momentary lightheadedness, fainting, abnormal blood pressure, disorders of the heart rhythm, chest discomfort, leg cramps, nausea, stroke, and heart attack.

Understanding these risks, I fully accept and assume all such risks, whether known to me or reasonably foreseeable, and I fully accept and assume full responsibility for all losses, costs or damages arising from or in any way related to my use of the services provided by GroovaRoo Dance™.

☐

I have received the medical release from my care provider to resume regular exercise after birth.

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

I HAVE READ THIS WAIVER AND FULLY UNDERSTAND ITS TERMS, AND I AGREE TO FULLY ADHERE TO ITS TERMS.

Participant's Name (Print): _____ Email Address: _____

Participant's Signature: _____ Date: _____