Beautifully Balanced Coaching with Sabrina

Waiver and Release of Liability Form

Participant Information

Full Name: _____
Date of Birth: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Is there someone we can thank for referring you to Beautifully Balanced Coaching: _____

---

1. Assumption of Risk

I, the undersigned participant, acknowledge that participation in any form of movement or wellness activities, including but not limited to Pilates, The Gyrotonic Expansion System, dance, strength training, cardiovascular training, or somatic practices including sound healing. Movement can involve inherent risks. These are not limited to muscle strains, sprains, injuries from falls, heart-related incidents, or other physical injuries that may result from participation.

I voluntarily choose to participate in these activities with full knowledge of these risks and accept all responsibility for any potential injuries or damage.

---

2. Release and Waiver

I hereby release, waive, discharge, and hold harmless the Sabrina Vaz and Beautifully Balanced Coaching from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury that may be sustained while participating in movement activities.

---

3. Medical Clearance

Please List Any and All Medical Conditions: _____

_____

_____.

I confirm that I consulted with a physician who has approved my participation; or I have voluntarily chosen to participate without such consultation, accepting full responsibility for my decision.

I agree to immediately inform Sabrina Vaz and Beautifully Balanced Coaching of any condition that may arise or any discomfort that I may be feeling.

---

5. Photography and Media Release (Optional)

I grant permission for photographs or videos taken during participation to be used for promotional or educational purposes by the facility.
☐ Yes ☐ No

---

6. Acknowledgment and Signature

I have read and understood this waiver and release of liability. I fully understand its terms and sign it voluntarily, giving up substantial legal rights (including the right to sue) by signing it.

Participant Signature: _____ Date: _____
Printed Name: _____

If participant is under 18 years of age:
Parent/Guardian Name: _____
Signature: _____ Date: _____