

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (“Participant”), acknowledge that I have voluntarily applied to participate in activities with North Shore Pole Fitness LLC.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

Parent or Guardian’s initials (if under 18): _____

As consideration for being permitted by North Shore Pole Fitness LLC, the State of Massachusetts (“State”), the county of Essex (the “county”), and the lessor of the premises (“Lessor”), to participate in these activities and use the premises and facilities, **I forever release North Shore Pole Fitness LLC, Massachusetts, Essex County, the Lessor, affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives now have, or may have in the future, for injury, death or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.** I also agree that I, my assignees, heirs distributes, guardians, next of kin, spouse and legal representatives will not claim against, sue, or attach, the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NORTH SHORE POLE FITNESS LLC, MASSACHUSETTS, ESSEX COUNTY, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of the Release and Waiver were explained to the Participant and that the Participant understood them.

PARTICIPANT/RELEASOR

Signature

Date

Address

Phone

