



6244 Lyndale Ave. S., Richfield, MN 55423
612.423.1201 | contactus@elev8wellness.com

elev8 waiver

Name: _____

Email: _____

Phone: _____

_____ Assumption of Risk and Waiver of Liability.

I agree and understand that the Program(s) which I here Initial(s) purchase and/or have purchased with this Agreement involve the risk of injury, and I elect to participate in the Program(s) voluntarily in spite of the risk. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in the programs. I assume all of the risk of all injuries, even fatal ones, and waive all negligence claims related in any way to the Program(s), including but not limited to the conduct on the part of Elev8 Wellness employees, clients, members, or equipment malfunction, defects, or failure. I hereby release Elev8 Wellness LLC, their representatives, agents, partners and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity.

_____ signature

_____ date

