



BRING A FRIEND TO CLASS WEEK

WAIVER & RELEASE FORM

I, _____ allow my child, _____ to
Parent/Guardian Name **Participant's Name**

participate in Heart to Toe Studios' *Bring a Friend to Class* Week. I understand that in any athletic activity accidents can happen. In the event my child is injured, I release Heart to Toe Studios, Sartell StaFit, CrossFit Beyond Sport Princeton, StaFit Midtown, and staff from any and all liability. I understand that my child will be taught in a safe environment; however, there is always a risk involved with this type of activity.

Name of Heart to Toe Studios **CURRENT STUDENT**: _____

Name of Heart to Toe Studios **CLASS** that visitor will attend: _____

Parent **PHONE NUMBER**: _____

Signature of **VISITOR'S PARENT/GUARDIAN**: _____