

**aRoundJoy® LLC dba The HoopShack®**

**Liability Waiver Form**

I/we realize that participation in hoopdance fitness classes and activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the participant or parent/guardian) assume all risks related to the use of any and all spaces used by aRoundJoy® LLC dba The HoopShack®.

I/we agree to release and hold harmless aRoundJoy® LLC dba The HoopShack® including her teachers, hoopdancers, staff members, and facilities used from any cause of action, claims, or demands now and in the future. I/we will not hold aRoundJoy® LLC dba The HoopShack® liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by aRoundJoy® LLC dba The HoopShack®.

I understand that aRoundJoy® LLC dba The HoopShack® is a hoopdance fitness teaching facility and is insured. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our class/workout, I/we agree to report the unsafe conduct or conditions to aRoundJoy® LLC dba The HoopShack®, an instructor, helper or another designated member as soon as possible.

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Participant's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Cell: \_\_\_\_\_  
(Print) **TEXTING? Y or N**

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(If under 18, unable to sign; parent/guardian sign only)

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_ Phone(s): \_\_\_\_\_  
(Print)

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_