Pole & Aerial Studio Participation Waiver & Release of Liability

Studio: HeadInTheSchuy Aerial Studio

Location: Kuta, Lombok, Indonesia

Participant Information

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

---

1. Acknowledgment of Risk

I understand that participation in pole dance, aerial arts, flexibility training, floorwork, fitness classes, workshops, private lessons, open practice, and related activities involves inherent risks, including but not limited to falls, collisions, equipment failure, muscle strains, sprains, bruising, fractures, dislocations, head, neck, spinal injuries, permanent disability, and, in rare circumstances, death.

I voluntarily choose to participate with full knowledge of these risks.

---

2. Voluntary Participation

I certify that I am participating voluntarily and accept full responsibility for my own safety and wellbeing during all Studio activities.

---

3. Health & Medical Condition

I confirm that I am physically fit to participate and have informed the Studio of any injuries, illnesses, pregnancy, medical conditions, or physical limitations that may affect my participation.

I understand that I should consult a medical professional if I have concerns regarding my ability to participate.

---

4. Assumption of Risk

I knowingly assume all risks associated with participation, whether known or unknown.

---

5. Release of Liability

To the fullest extent permitted by Indonesian law, I release and hold harmless the Studio, its owners, instructors, employees, contractors, and representatives from any claims, losses, damages, injuries, or expenses arising from my participation, except where caused by gross negligence or willful misconduct.

---

6. Emergency Medical Care

If emergency medical treatment becomes necessary, I authorize the Studio to seek treatment on my behalf. I understand that I am solely responsible for any resulting medical expenses.

---

7. Studio Safety & Equipment Use Policy

I agree to follow all instructor directions and Studio rules at all times.

I understand that:

- Equipment may only be used as instructed by a qualified instructor.
- I will not attempt tricks or skills beyond my current ability without instructor approval.
- I will not use any pole or aerial apparatus while under the influence of alcohol, drugs, or any substance that may impair judgment.
- I will immediately stop participating if I feel pain, dizziness, illness, or unsafe.
- I will inspect my equipment before use and immediately report any concerns or damage to Studio staff.
- I will not intentionally misuse Studio equipment.
- I understand that open practice sessions require me to work only on skills I can perform safely and confidently without hands-on spotting.

The Studio reserves the right to remove any participant who fails to follow safety instructions.

---

8. Cancellation & Late Arrival Policy

To help ensure fair access to classes for all students:

- Group classes may be cancelled or rescheduled up to **12 hours** before the scheduled class without penalty.
- Private lessons require at least **24 hours' notice** for cancellation or rescheduling.
- Late cancellations or no-shows will result in the loss of the class credit or full session fee.
- Students arriving more than **10 minutes late** may not be permitted to join class if it is unsafe to do so. Late arrivals may still forfeit their class credit.

Exceptions may be made in emergencies at the sole discretion of Studio management.

---

9. Class Packages & Membership Terms

Unless otherwise stated:

- Class packages are non-refundable and non-transferable.
- Packages may not be shared between individuals.
- Expiration dates begin on the date of purchase.
- Unused classes remaining after the expiration date are forfeited.
- Memberships renew and expire according to the terms agreed upon at purchase.
- The Studio reserves the right to modify pricing, schedules, instructors, and class offerings without prior notice.

---

10. Tourist & Traveler Acknowledgment

I understand that if I am visiting Lombok or Indonesia temporarily, I remain fully responsible for my own travel, medical, and accident insurance.

I acknowledge that the Studio does not provide personal insurance coverage for participants and strongly recommends obtaining appropriate travel insurance that includes coverage for recreational fitness and aerial activities.

I understand that if I become injured or require medical care during my visit, all associated costs remain my responsibility.

11. Governing Law

This Agreement shall be governed by and interpreted in accordance with the laws of the Republic of Indonesia.

---

12. Minimum Age Requirement

For the safety of all participants, all students must be **18 years of age or older** to attend classes, workshops, private lessons, or open practice sessions at the Studio.

By signing this waiver, I confirm that I am at least 18 years of age. The Studio reserves the right to request valid government-issued identification to verify age at any time.

---

13. Open Practice Policy

Open Practice provides students with the opportunity to independently practice skills they have previously learned. No formal instruction or spotting is provided during Open Practice sessions.

By participating in Open Practice, I acknowledge and agree that:

- I will only practice skills and techniques that I have previously learned and can perform safely without instructor assistance.
- I will not attempt new tricks, advanced movements, drops, releases, dynamic skills, or any maneuver beyond my current ability during Open Practice.
- I understand that Studio staff may be present to supervise the space for general safety but are not responsible for providing instruction, spotting, or coaching.
- I will use all equipment responsibly and immediately stop if I feel fatigued, unwell, or unsafe.
- I will respect other participants by maintaining a safe distance, sharing equipment appropriately, and following all Studio rules.
- The Studio reserves the right to stop any activity deemed unsafe and may ask any participant to leave an Open Practice session without refund if they fail to follow safety guidelines.

I understand that participation in Open Practice is entirely at my own risk and is subject to all terms and conditions outlined in this Waiver and Release of Liability.

Participant Agreement

By signing below, I acknowledge that:

- I have carefully read this entire Waiver and Release of Liability.
- I fully understand its contents.
- I understand that I am giving up certain legal rights by signing this document.
- I sign voluntarily and without coercion.

Participant

Printed Name: _____

Signature: _____

Date: _____