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Personal Information:

Name: _____ Date of Birth: __/__/__

Address: _____ Phone: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency Phone: _____ Relationship _____

Email: _____

LIABILITY WAIVER:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Gravity In Motion, Inc. and its employees. Having such knowledge I hereby release Gravity In Motion, Inc., representatives, agents and successors from liability for accidental injury or illness which may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

*Gravity has the right to publish photos or videos from classes, parties and events

*Gravity In Motion is not responsible for lost or stolen property

Signature: _____ Date: __/__/__

Signature of parent or guardian if the above is under 18: _____

Disclosed Information/injuries/health concerns: _____
