



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Personal Data

Given Name:

Email address:

DOB (You get a free class on your birthday/as long as in the system): _____

Phone Number:

Address with Postal Code:

How did you hear about VFL? _____

Occupation:

Are there any injuries, ailments, or medications that the instructor should know about?

I _____, agree to the following:

That the instruction offered by VFL is limited to that of instruction in fitness. That even with clear instruction, there is a possibility of injury, and that is my responsibility to consult a physician regarding my ability to participate before coming to any class provided by VFL.

I attest that I have no psychological, medical or emotional condition that would prevent me from safe participation in a hot yoga or physical exercise class.

I release and discharge VFL, it's directors, and the VFL instructors from any and all liability, claim, demand or action that I may have resulting from injury,

death, or damages arising from my participation in the exerciser class or at the studio, including loss that may be caused by the negligence of the released party.

I release and discharge VFL, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the VFL premises.

I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.

I have read this agreement and fully understand its content and meaning, and sign if of my own free will and I am over the age of 18.

I understand that VFL from time to time takes pictures of the participants during workout activities and social gatherings. I Give permission to VFL to take my picture during a class or recreational activity Yes_____No _____. I understand that VFL may post these pictures on social media. I give permission for my picture to be posted, Yes_____ No_____

Participant signature:_____ Date:_____ Phone #:_____

*If the participant is between the ages of 13-18 years : As a legal guardian of :

_____, I consent to the above conditions and terms.

Signature of parent/guardian:_____ Date:_____