

Liability Waiver

Name: _____ Phone: (Home/Cell) _____

Address: _____ Email: _____

City: _____ State _____ Zip: _____

Please list any injuries or conditions that the Coach should be aware of and may require exercise modification:

Medical/Promotional Release:

I, , as a client of Wanda Skofield's, has knowledge of and assumes the risks of the activities associated with exercise and all other on site exercise related activities and waives and releases any and all claims against Wanda Skofield and release from all liability in the event of injury and damages sustained during all classes/sessions as a result of the physical exercise, diet and activities associated with Wanda Skofield and under her guidance.

I hereby permit Wanda Skofield to use my name, image and likeness for promotional purposes. Promotional mediums include but not limited to print, radio, video, social media and internet.

I release and hold harmless Wanda Skofield and any officers, affiliates, directors, agents, staff, volunteers, suppliers, licensors, licensees and employees from and against any and all actions, judgments, settlements, claims, liabilities, losses, damages, expenses, and costs (including court costs and attorney's fees), including, without limitation, for any property damage, personal injury, death or any other action, claim, liability, loss, damage or expense.

Printed Name: _____

Signature:

Date: _____

Official Use:

Date of Guest/Inquiry: _____

Coach: _____

Comments/Follow-Up: _____