STUDIO ONE WELLNESS, INC.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

In consideration of being permitted to participate in any way in any activity at **Studio One Wellness, Inc.**, I, for myself for personal representatives, assigns, heirs, and next of kin:

1. Acknowledge, agree, and represent that I understand the nature of **Studio One Wellness, Inc.** activities and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

2. Fully understand that: (a) all **Studio One Wellness, Inc.** activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "Releasees" named below; (c) there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsiblity for losses, costs, and damages I incur as a result of my participation or that of the minor in the activity.

3. Hereby release, discharge, and covenant not to sue **Studio One Wellness, Inc.**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the activity takes place, (each considered one of the "Releasees" herein) from all liability, claims demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harlmess each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have give up substantial rights by signing it and have freely and without inducement or assurance of any nature and intent it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding, shall continue in full force and effect.

I am a Central Florida Resident: YES ❑ NO ❑

Printed Name of Participant: _____ Phone: (_____)_____

Address/City:_____ Zip: _____

Please include your email address if you'd like to receive monthly specials, give-aways, and announcements regarding special events.

Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SIGNATURE *(only if age 18 or over)*:_____ Date: _____

MINOR's RELEASE

And I, the minor's parent and/or legal guardian, understand the nature of Studio One Wellness, Inc. activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harlmess each of the releassees from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, or cost that may be incured as the result of such claim.

Printed Name of Participant: _____

Parent/Guardian Signature: _____ Date: _____

STAFF USE ONLY:

Trial Class: _____ Instructor: _____

F/U Date/Comments: _____