



Health Liability Waiver and Image Release

Please provide the following information prior to your Ageless Grace® event:

1. Do you smoke? Y / N If so, how much?

2. Are you currently pregnant? Y / N

3. Have you ever had, or suspected you had, heart trouble? Y / N

If so, please explain:

4. Are you currently recovering from any injuries, surgeries or experiencing pain you would like your Educator to be aware of? If so, please explain:

5. Do you have any other health conditions or concerns you would like your Educator to be aware of?

If so, please explain:

Health Liability Waiver and Image Release

I affirm that my participation in this Ageless Grace® class, seminar or certification is voluntary and at my own risk. I understand my activities may involve strenuous exercise and risk of bodily injury and with this knowledge hereby release, waive, indemnify, and save harmless Ageless Grace®, LLC. ("Ageless Grace®") and all Ageless Grace® employees, Educators, and Affiliates from any liability for any claims, demands, injuries, or harm suffered by my person or property arising from or connected with my participation and/or use of any services, equipment, or facilities provided by Ageless Grace®, LLC.

Initialed: _____

I, the undersigned, consent to you the use of my image(s) in any still photograph, picture, film, and/or digital media for print and/or broadcast purposes in connection with and/or promotion for Ageless Grace®, LLC. By initialing the line below, I permit my image(s) to be used as stated above and grant full rights to Ageless Grace®, LLC on an irrevocable and unlimited basis without any compensation or payment for any such use and further use thereof.

Initialed: _____

I have carefully read and understand the foregoing provisions. By signing below, I hereby certify and acknowledge that I understand all terms of this contract and agree to be legally bound by the terms and conditions set forth in the specific provisions under which I have signed my initials.

Date: _____ Signature: _____

Contact Information

Your Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Emergency Contact

Contact Name _____

Relationship _____

Phone: _____

Email: _____