



Name _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Email: _____

Emergency Contact: _____ Phone: _____

Informed Consent and Release

I recognize that exercise, including but not limited to indoor cycling and the use of exercise equipment is not without some risk to the musculoskeletal system (e.g. sprain, strain) and cardiorespiratory system (e.g. dizziness, fainting, abnormal heartbeat, discomfort in breathing, abnormal blood pressure response, and in rare instances, heart attack or stroke). I acknowledge that not all risks can be known in advance. I hereby certify that I have been advised to consult with a physician before participating in any exercise program, and I further certify that I know of no medical problems, except those listed below that would increase my risk of illness or injury as a result of participation in exercise programs offered by Flow Fitness, LLC. I understand that it is my responsibility to inform a representative of Flow Fitness, LLC of any changes in my medical condition, including but not limited to pregnancy. Upon notification to Flow Fitness, LLC of a change in my medical condition, the staff will determine whether or not a change in my exercise program is warranted. I further understand that it is my responsibility to report immediately to staff member any signs or symptoms of discomfort and/or distress during or following an exercise program. I knowingly and voluntarily assume any and all risks associated with my participation in programs offered by Flow Fitness, LLC, and any facilities used by Flow Fitness, LLC.

I consent to the administration of first aid and resuscitative measure by Flow Fitness, LLC. I b

I hereby release and hold harmless Flow Fitness, LLC, their agents, employees, independent contractors and facilities owners or managers from any and all liability, damage, expense, causes of action, suits, claims or judgments, arising from injury, damage or loss, or claims of injury, damage or loss to me or my personal property which may arise out of my voluntary exercise program, including but not limited to indoor cycling and the use of exercise equipment (of which I assume the risk of injury) and/or their independent contractors. This release shall be binding upon my heirs, personal representatives and assigns.

I hereby give permission to Flow Fitness, LLC to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

In consideration of being allowed to participate in and access the Classes and Facilities offer by Flow Fitness, LLC, you hereby (1) agree to assume full responsibility for any and all injuries or damage which are sustained or aggravated by you in relation to the Classes and Facilities, (2) release, indemnify, and hold harmless Flow Fitness, LLC, its direct and indirect parent, subsidiary affiliate entities, and each of their respective officers, directors, members, employees, representatives and agents, and each of their respective successors and assigns and all others, from any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to the fullest extent allowed by law arising out of or in any way related to participation in the Classes or use of the Facilities, and (3) represent that you (a) have no medical or physical condition that would prevent you from properly using any of Flow Fitness, LLC's Classes and Facilities, (b) do not have a physical or mental condition that would

put you in any physical or medical danger, and (c) have not been instructed by a physician to not participate in physical exercise. You acknowledge that if you have any chronic disabilities or conditions, you are at risk in using Flow Fitness, LLC's Classes and Facilities, and should not be participating in any Classes.

I have read this entire Informed Consent and Release and accept the conditions stated herein as a requirement to participation in this program. I understand and intend that this document will act as the broadest and most inclusive assumption of risk, waiver, release of liability and indemnification as is permitted under the laws of the Commonwealth of Virginia.

Date

Member's Signature

Date

Employee's Signature