Amplify Life Studio

WAIVER OF LIABILITY FORM

Name (Print): **­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, or my Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to the following:**

1. That I am renting the Amplify Life Studio for a designated time frame, during that period and the time presiding or after, I am responsible for the condition and care of the entire premises, building and space of the Amplify Life Studio and on the property, 1365 Triad Center Drive, St Peters, MO 63366. I will provide the following credit card as a security deposit for any damages I or any of my guests, attendees, students, clients, staff, and/or any other persons I allow on the premises

Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp\_\_\_\_\_\_\_\_\_ CVA\_\_\_\_\_\_\_\_

1. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I or my Guests, attendees, students, clients, staff, and/or any other persons I allow might incur by being at the Amplify Life Studio and on the property, 1365 Triad Center Drive, St Peters, MO 63376.
2. In further consideration of being permitted to use the premises, I knowingly, voluntarily and expressly waive any claim I may have against the Amplify Life Studio and hold its owners its instructors, practitioners, or staff for injuries or damages that I may sustain as a result of participating in the programs or being present at 1365 Triad Center Dr. St. Peters, MO.
3. I, my heirs, or legal representatives, hold harmless, forever release, waive, discharge and covenant not to sue or bring legal action against the Amplify Life Studio and or its instructors, practitioners or staff for injuries or death caused by their negligence or other acts.

I have read the above release and waiver of liability and I fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Please attach\_\_ a copy of your ID/Driver’s license\_\_ Liability Insurance policy \_\_ Copy of Credit Card

**Client/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amplify Life Studio Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date:\_\_\_\_\_\_\_\_\_\_**