

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Waiver of Liability: In consideration of being permitted to participate in any way in the exercise programs offered by VINE and VINE Adult Community Center (the "Activities"), I, for myself, my heirs, my personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue VINE and VINE Adult Community Center, their officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activities.

Assumption of Risks: Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include minor injuries such as scratches, bruises, and sprains, major injuries such as eye injury or loss of sight, joint or back injuries, and concussions, to catastrophic injuries including paralysis and death.

Indemnification: I agree to indemnify and hold harmless VINE and VINE Adult Community Center from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activities.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily.

Print Name of Member

Signature

Date

Print Name of 2nd Household Member

Signature

Date

MEDIA CONSENT

____ I consent and authorize VINE to use and publish any of the images in any format taken of me. I understand these images may be used for a variety of purposes. Since anyone can download an image or make copies from printed materials, I agree that VINE is not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that the images may appear with or without my name.

VINE Automatic Withdraw Authorization

I authorize VINE and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify VINE to cancel 30 days prior to the next scheduled payment.

Financial Institution _____ Branch _____

City, State Zip _____

Account Number: _____ Routing Number _____

Checking (please attach a voided check) Savings (please attach a voided saving deposit slip)

Each draft will be drawn on or after the 4th of each month. A \$25 service fee will be charged for insufficient funds. This agreement will remain in effect until written notification is given to terminate or suspend as described above.

Account holder signature

Date

For Office Use Only

Completed By _____

Annual or first month's payment

Dues \$ _____

Copy of insurance card

Photo

Voided check