



Vanilla Gorilla Athletics Online Coaching Liability Waiver

I, _____ (First Name, Last Name), hereby affirm that I am voluntarily participating in online coaching services ("The Activity") with Vanilla Gorilla Athletics. I understand and agree that my participation in The Activity is entirely at my own risk.

Acknowledgment of Role and Limitations

I acknowledge and agree that Vanilla Gorilla Athletics, its coaches, trainers, and assistants are not licensed physicians, registered dietitians, or medical professionals. The services provided, including nutritional advice, supplementation recommendations, and exercise suggestions, are not a substitute for professional medical or dietary advice, diagnosis, or treatment. I agree to consult with my physician or other qualified health professional regarding any medical condition or dietary needs before participating in The Activity.

Health History and Ongoing Communication

I represent that I will complete the "New Client Intake Form" and any other health history forms truthfully and accurately, including full disclosure of all prescribed medications I am taking, medical conditions, injuries, or exercise and dietary limitations of which I am aware. If my medical condition, medications, or limitations change during the program, I agree to notify Vanilla Gorilla Athletics promptly.

Recommendation to Seek Medical Clearance

I understand that it is recommended that I have a yearly physical examination and consult with my physician regarding participation in exercise or dietary programs. I acknowledge that I have either undergone a physical examination and received clearance from my physician or have voluntarily chosen to participate without such clearance. I accept full responsibility for determining my own physical and mental readiness for participation in The Activity.

Assumption of Risk

I understand that participation in exercise and coaching involves inherent risks, which may include, but are not limited to:

- Serious injuries to the neck, spine, or other areas of the body, resulting in partial or complete paralysis.
- Medical events such as heart attack, stroke, or even death.
- Injuries to bones, joints, or muscles.
- Slips, falls, or loss of balance that may result in muscular, neurological, orthopedic, or other bodily injury.

I acknowledge that my level of fitness, health status (physical, mental, or emotional), and the care I take in conducting myself during the program significantly affect these risks.

Release of Liability

In consideration of being allowed to participate in The Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily agree to the following:

1. I release, waive, and discharge Vanilla Gorilla Athletics, its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns from any and all liability, claims, or causes of action of any kind whatsoever arising out of or related to my participation in The Activity.

2. I assume all risks associated with The Activity, including but not limited to, physical injury, psychological injury, economic loss, emotional distress, illness, disfigurement, temporary or permanent disability, or death.
3. This waiver and release extends to any travel to or from The Activity.

Acknowledgment of Understanding

I acknowledge that I have carefully read this form in its entirety. I fully understand its terms and confirm that I am giving up substantial rights, including my right to sue, by signing this document. I confirm that I am signing this waiver voluntarily and with full knowledge of its contents.

Consent to Terms

By signing below, I confirm that I have read, understood, and agreed to the terms outlined in this Waiver and Release of Liability.

Client Name - Print: _____

Client Name - Sign: _____

Date: _____