Wellness, Therapy, & Yoga Inc.

RELEASE & WAIVER OF LIABILITY

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Current Injuries & Limitations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In regard to my current participation, I hereby agree to the following: PLEASE INITIAL

\_\_\_\_\_\_\_\_\_1. I am participating in a yoga class, workshop, or other exercise and healing arts activities (collectively, the “Activities”) offered by Wellness, Therapy, & Yoga Inc. (its owners, instructors, teachers, workshop presenters, and independent contractors).

\_\_\_\_\_\_\_\_\_2. I recognize that I must be in good physical and mental health to participate in the Activities. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the Activities. If I have consulted a physician I am taking the physician’s advice. I understand the said Activities are not recommended during pregnancy and the provider does not specialize in prenatal yoga.

\_\_\_\_\_\_\_\_\_3. In consideration of being permitted to participate in the Activities, I agree to assume full responsibility for any risks, injuries or damages, and I am sufficiently self–aware to stop physical activity before I become ill or injured. I understand that is my continuing responsibility to inform the providers of said Activities of any previous medical conditions, injuries, or surgeries prior to my first class and any future changes in my medical condition.

\_\_\_\_\_\_\_\_4. In further consideration of being permitted to participate in the Activities, I knowingly, voluntarily and expressly waive any “Claims” (as defined below) I may have against Wellness, Therapy, & Yoga Inc., its owners, members, employees, and/or its instructors, teachers, volunteer staff, and independent contractors (each, a “Released Party”) for any Claim that I may sustain as a result of participating in the Activities even if the Claim arises from the carelessness, negligence or gross negligence of any Released Party or anyone else. “Claims” include but are not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, personal injury, or mental suffering and distress (including any legal fees or expenses) in connection with participation in any Activity.

\_\_\_\_\_\_\_\_5. I hereby understand that Wellness, Therapy, & Yoga, Inc. from time to time may photograph or video record classes or events occurring during the Activities and place such photographs and videos on its Website, Facebook, Twitter, or other online platform, and any printed materials. I hereby consent to the use of my image that may appear in any such photograph or video.

\_\_\_\_\_\_\_\_6. This agreement shall be constructed in accordance with, and governed by, the laws of the State of Florida. I acknowledge that I have carefully read this release and waiver of liability and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein.

\_\_\_\_\_\_\_\_7. I agree to receive information about schedule changes and other updates about services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

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Signature of Participant or Guardian Date