

Yogalution Participant Agreement

Name

Date of Birth

Email Address

Address (Street, City, State, Zip)

Daytime Telephone

Evening Telephone

Emergency Contact Name & Number

Terms and Conditions. Please initial to show your agreement to the terms and conditions listed below.

_____ **Physical Condition.** All participants are strongly encouraged to have a complete physical examination by a medical doctor prior to beginning any workout program or strenuous new activity. If I have a history of heart disease, I agree to consult a physician before participating.

_____ **Rules and Regulations.** I agree to abide and comply with all Yogalution rules and regulations, which may be amended over time. I acknowledge that Yogalution may terminate my participation, at any time for failure to comply with any of the rules or regulations adopted by Yogalution or for any conduct that Yogalution determines to be improper.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, the above-named and undersigned person, am participating in activities offered by Yogalution Studio, including but not limited to use of yoga equipment and participation in yoga programs or services (the "Activities"). I fully recognize that there are dangers and risks associated with these Activities. I fully understand and appreciate the significant dangers, hazards, and risks associated with these Activities, including, but not limited to, bodily injury, accident, loss of life, or loss of limb. These dangers and risks include those within every facet of these Activities.

I agree to assume and take on myself all of the risks and responsibilities in any way associated with these Activities. In consideration of and return for the services, facilities, and other assistance provided to me by Yogalution in these Activities, I release, waive, forever discharge, and covenant not to sue Yogalution, its affiliates, subsidiaries, successor or assigns (collectively, "Yogalution"), as well as each party's owners, employees, independent contractors, volunteers, administrators, board members, agents, and insurers (collectively, the "Releasees"), from any and against all liability, claims, demands, actions, causes of action, costs and expenses that may arise from harm, injury, theft, damage, claims, demands, causes of action, costs and expenses of any nature which may occur or which may hereafter accrue to me, my spouse, my

children, or guests arising out of or related to any loss, damage or injury that may be sustained by me or by any property belonging to me. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of Yogalution (or its owners, board, employees, independent contractors, or agents), including but not limited to negligence, mistake, or failure to supervise by Yogalution while participating within any stage of the Activities.

I understand that Yogalution does not have medical personnel available at the Studio. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

I recognize that this Release means I am giving up, among other things, rights to sue Yogalution, its employees, administrators, board members, agents, and insurers for injuries, damages, or losses I may incur. I also understand that this Release binds myself as well as my heirs, executors, administrators, and assigns.

I have read this entire Release and agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND BEFORE SIGNING.

Participant Signature

Date