

IN BALANCE YOGA STUDIO
STUDENT INFORMATION FORM AND
RELEASE AND ASSUMPTION OF LIABILITY

NAME: _____ PHONE NO. _____

Mailing Address: _____

Date of Birth: _____ Email Address: _____

Emergency Contact Name & Number: _____

How did you hear about us? _____

I hereby agree to the following:

1. I have voluntarily enrolled in a program of instruction in yoga or other fitness program offered by IN BALANCE YOGA STUDIO. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks involved.

2. I acknowledge that IN BALANCE YOGA STUDIO makes no claims as to medical results, which can or may be obtained through participation in this program of instruction or IN BALANCE YOGA STUDIO facilities and/or equipment. IN BALANCE YOGA STUDIO has neither suggested, nor will it suggest, any medical treatment to participants.

3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any yoga or other fitness program. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the programs.

4. In consideration of being allowed to participate in the programs of IN BALANCE YOGA STUDIO, and to use its facilities and equipment, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in such programs.

5. In further consideration of being allowed to participate in the programs of IN BALANCE YOGA STUDIO, I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against IN BALANCE YOGA STUDIO, its owners, members, employees, and/or its instructors, teachers, volunteer staff, interns, workshop presenters, independent contractors and the landlord of the studio (each, a "Released Party") for any Claim that I may sustain as a result of participating in the programs at IN BALANCE YOGA STUDIO. I agree to indemnify and hold harmless each Released Party from any loss or liability incurred in defending any Claim made by me, or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of any Released Party or anyone else.

"Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering and distress, or

TURN PAGE OVER TO SIGN AND FINALIZE THE WAIVER PLEASE

death that I may suffer, my children may suffer or that my unborn child may suffer (including any legal fees or expenses) in connection with participation in any yoga or other exercise program.

6. I, my heirs or legal representatives forever release, waive and discharge and covenant not to sue any Released Party for any Claim by any negligence or other acts of a Released Party.

7. This Release and Assumption of Liability shall be construed in accordance with the laws of the Commonwealth of Virginia.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE AND ASSUMPTION OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AND KNOWINGLY AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN. I AM AWARE THAT, BY SIGNING THIS RELEASE AND ASSUMPTION OF LIABILITY, I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE AND CERTAIN LEGAL RIGHTS MY HEIRS, NEXT-OF-KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST A RELEASED PARTY.

Signature of Participant

Date

If Participant is under 18:

As legal guardian of _____, I hereby consent to the above Release and Assumption of Liability.

Signature of Parent of Guardian

Print Name

Date