
INNER BLISS YOGA STUDIO, INC.

Acknowledgement of Risks, Acceptance of Risk Responsibility, and Release of Any and All Liability

(Please read, initial and sign.)

Name: _____

I, the above-named person, being above the age of eighteen, in consideration of the right to participate in yoga class(es) instructed by Inner Bliss Yoga Studio, Inc. ("**IBY**"), hereby acknowledge, understand and agree with IBY, and release and discharge IBY, on behalf of myself, my heirs, assignees, personal representatives and estate as follows:

Section I - Acknowledgement of Risks: I understand there are inherent and unanticipated risks associated with any exercise program, including the yoga class(es) in which I am about to voluntarily participate. The exercises related to yoga will challenge my cardiorespiratory and musculoskeletal system associated with the aerobic, anaerobic, strength, power, agility, flexibility and breathing components of the program, any of which could result in illness and injury, including but not limited to physical and mental injury, and other unknown damage to myself. I also understand that there are risks inherent in the nature of yoga instruction, even when carefully supervised by experienced instructors. (_____) **[INITIAL]**

Section II - Acceptance of Risks and Responsibilities: I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga based exercise program or that I have decided to participate in a yoga based exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any yoga or activity associated with IBY. (_____) **[INITIAL]**

Being aware that yoga activity and/or instruction entails risks of injury to myself, I agree and promise to accept and assume all responsibility for illness, injury or damage to myself or my property arising from my participation in yoga activity and/or instruction provided by IBY. I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my participation or increase my risk of injury and/or illness as a result of participating in any yoga activity or program. (_____) **[INITIAL]**

I understand that I may receive physical assists or adjustments to enhance or correct my body posture during class by either the teacher or an assistant in class. I will take accountability for alerting the teacher and assistant of any injury or impairment in advance before class begins or if I do not want to receive any assists. (_____) **[INITIAL]**

Section III - Release of Any and All Liability: I, for myself and on behalf of my heirs, my personal representatives, assigns, heirs, next-of-kin, executors, administrators and anyone claiming rights through me do hereby voluntarily and forever release and discharge IBY, its' owners, members, officers, managers, employees, agents, assigns and successors from any and all liability, claims, demands, actions or rights, or action, which are related to, arise out of, or are in any way related to my participation in any yoga activity or practice of yoga, including specifically, but not limited to, intentional and negligent acts or omissions of IBY, its' owners, members, officers, managers, employees, agents, assigns and successors for any and all injury or illness, or damage to myself. I, by initializing the line at the end of this sentence, expressly acknowledge that I have read and understood this paragraph. (_____) **[INITIAL]**

I further agree to hold harmless and indemnify IBY, its' members, officers, managers, employees, agents, assigns and successors from all defense costs, including attorney's fees or from any other cost incurred in connection with any claims for bodily injury or property damage and any other claim which I may negligently or intentionally cause to third parties in the course of participating in yoga activity and receiving yoga instruction. (_____) **[INITIAL]**

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, I UNDERSTAND IT COMPLETELY, AND I AGREE TO BE BOUND BY ITS TERMS. I AM AWARE THAT I, AND ANYONE CLAIMING RIGHTS THROUGH ME OR ON MY BEHALF, AM GIVING UP IMPORTANT LEGAL RIGHTS THAT I MIGHT HAVE, INCLUDING THE RIGHT TO SUE OR OTHERWISE RECOVER ANY DAMAGES FOR INJURIES AND/OR LOSSES RELATED IN ANY WAY TO MY PARTICIPATION IN ANY YOGA CLASSES. I ACKNOWLEDGE THAT I AM SIGNING THIS DOCUMENT FREELY AND VOLUNTARILY, AND INTEND BY MY SIGNATURE TO INDICATE MY COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature

Date

Please print the following information clearly.

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Before beginning any yoga classes with Inner Bliss Yoga Studio, Inc., it is advised that each participant obtain doctor consent.

Emergency Contact Information (in the case of an emergency, please list the name and contact information of your emergency contact):

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Please list any physical injuries, medical concerns or allergies:

Yoga History: (If new to yoga what are your interest, concerns or questions. If you practice, please share how long and type practicing):

Today's Date: _____

Birthday: _____

How did you hear about Inner Bliss? _____

Interests: Workshops Special Classes IBY Community News Tammy's Bliss Blog

New IBY Merchandise Class Schedule Updates Special Events Downtown CLE Studio