

**Lemondrop Yoga LLC · Information, Waiver and Release**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Tel: \_\_\_\_\_

**Waiver & Release**

1. I represent that I am physically capable of participating in the yoga or other programming provided by Sarah Jackson (hereafter TEACHER). I understand that yoga and physical exercise can be strenuous and subject to risk of serious injury and I understand that no exercise/activity/ yoga program should be undertaken without the consent of a medical doctor and that I am responsible for undertaking to obtain such consent.
2. I agree that if I engage in any physical activity, including any TEACHER sponsored event, in whatever place said activity/event takes place, I do so ENTIRELY AT MY OWN RISK. Any recommendations for changes in diet, including the use of food supplements and/or weight reduction products are entirely my responsibility and I will undertake to consult a physician prior to undergoing any dietary or food supplement changes.
3. I agree that I am voluntarily participating in the activities provided directly and indirectly by TEACHER and the use of facilities and premises provided AND ASSUME ALL RISKS of injury, illness, and death.
4. I also agree that TEACHER is not responsible for any loss of, or damage to, personal property.
5. I understand that the yoga provided by TEACHER may be extremely demanding and I take full responsibility for knowing, monitoring and acting within my abilities and learning and incorporating any modifications or adaptations necessary to proceed with such activities in a safe and appropriate manner.
6. I agree that TEACHER shall not be liable or responsible for any injuries to me which may occur as a result of (a) my use of all amenities and equipment provided by TEACHER and my participation in any activity, class, program or instruction (b) the sudden and unforeseen malfunctioning of any equipment (c) TEACHER's instruction, training, supervision or dietary recommendations and (d) my slipping and or failing while in the facility, my residence, or on TEACHER's premises, including adjacent sidewalk areas.
7. I acknowledge that I have read this Waiver and Release and understand that it is a RELEASE OF LIABILITY.
8. I expressly agree to release and discharge TEACHER and to indemnify, defend and hold TEACHER harmless from any and all claims, causes of action or judgments, including but not limited to claims of negligence, that may arise out of the events noted in Item 6 above and may result in bodily injury, personal injury, illness or death and I agree voluntarily to forfeit and waive any right that I may otherwise have to bring a legal action against TEACHER for any such personal injury or property damage.
9. I expressly agree that this Waiver & Release shall be binding upon my heirs, executors, administrators and assigns. By signing this Waiver & Release, I acknowledge that I have read and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_