



Waiver and Release of Liability

I understand and acknowledge that participation in this instruction and training (the 'activity') is voluntary and that I am participating in the activity at my own risk. I, for myself and my heirs or assigns, further agree to hold harmless Expansions Yoga, LLC and its agents and employees from any cost, damage, injury or any other claim resulting from any participation in or instructional training provided at these yoga classes, health programs or workshops.

As consideration for the right to participate in the activity, I hereby, for myself, heirs, executors, administrators, assigns or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby release and forever discharge Expansions Yoga, LLC, their affiliates, managers, members, agents, heirs, and employees from and against any loss, cost, damage, injury, and/or any other claim resulting from or occasioned by my participation in or instructional training provided at yoga classes, health programs or workshops held by Expansions Yoga, LLC

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the activity provided by Expansions Yoga, LLC. I further understand that none of the information provided is medical advice. I understand and agree that my participation and use this information at my own risk. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation. In further consideration of being permitted to participate in the activity, I knowingly, voluntarily and expressly waive any claim I may have against Expansions Yoga, LLC for injury or damages that I may sustain as a result of participating in the program, and as a result of my negligence in participating in this activity.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this release of liability and a contract that I am signing it of my own free will.

Signature of Participant

Date

Print Name

As Legal Guardian of _____, I consent to the above terms and conditions.

Signature of Parent/Legal Guardian: _____ Date _____

Relationship to Minor: _____