

RELEASE AND WAIVER

I, _____, understand that I am enrolling in a program of yoga training that can include strenuous physical activity (the “Program”) offered by Christine Radice (the “Instructor”). I understand that the Instructor does not guaranty or promise any results or health benefits, as there are many factors not in the Instructor’s control.

I am aware of the inherent health risks of the Program. I understand that the Program involves exertion which increases heart rate and body temperature, and that it is my obligation to inform the Instructor of any symptoms such as fatigue, shortness of breath or chest discomfort. It is also my responsibility to inform the Instructor of any injured body parts to prevent hands-on assist or adjustments. I hereby knowingly and freely assume all risk of injury, accident or damage to property, bodily and/or personal injury in connection with my participation in the Program. I hereby release and discharge the Instructor and her agents from all liability or claims of whatever nature, foreseen or unforeseen, that may arise from my participation in the Program. I also agree to follow CDC guidelines and I accept all risk and assume responsibility for any potential exposure to COVID-19 while participating in the program offered by the Instructor. I agree to indemnify and hold harmless the Instructor and her agents from all damage, liability, cost and expense (including attorney’s fees), asserted against the Instructor arising in whole or in part, directly or indirectly out of my participation in the Program and/or my breach of this Release.

In the event I use any equipment or props, I understand that the Instructor is not able to observe my use or form, and I hereby take the sole and full responsibility for its use and condition.

I understand that all sales on class packages are final, not refundable and not transferable. All class packages are restricted by account, which means classes are only usable by the person whose name is on the account.

I further hereby acknowledge, agree and represent as follows:

- a. I am in good health and have no disability, impairment, medical condition or health related issue which prevents me from engaging in exercise or participating in the Program.
- b. I assume full responsibility for my medical condition as it relates to engaging in exercise and participating in the Program. I have consulted with a physician and have not been instructed to refrain from the type of activities offered as part of the Program.
- c. I will promptly notify the Instructor of any injuries or changes in my medical condition.
- d. In the event of a health uncertainty in the future, I understand that it is my sole responsibility to seek medical consultation to ensure fitness for the Program. I understand that the Instructor’s continuing to accept my participation in the Program in no way shall be deemed an opinion or guaranty by the Instructor of the Program’s suitability for me.

I understand that this Release constitutes the entire agreement between me and the Instructor and supersedes all prior statements and promises, oral and written, regarding matters in this Release.

Client’s signature _____ Date _____
Client’s name (print clearly) _____
Client’s address & Phone _____