



Julie Diedrichsen Yoga

WAIVER AND RELEASE: In signing below, I agree that if I engage in any physical exercise or activity, class program or instruction, I do so at my own risk. I acknowledge that I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from Julie Diedrichsen. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from yoga classes, Julie Diedrichsen, who is hosting these classes and (b) indemnify, hold harmless and agree not to sue the entities or persons mentioned in this paragraph as to any and all liabilities or claims made as a result of participation in the yoga classes, whether caused by the negligence of releasees or otherwise. My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Julie Diedrichsen and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. I hereby certify that I have read this document; and, I understand its content. I am aware that this is a release of liability as well as a contract and I sign it of my own free will. I also understand that at the yoga classes or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by Julie Diedrichsen.

RELEASE OF LIABILITY:

(Signature)

(Date)

Full Name _____

Email (If provided you will be added to the subscriber list for event updates):

Street Address: _____

City _____ State _____ Zip _____

Phone Number _____ DOB _____

EMERGENCY CONTACT:

Name _____ Phone _____