

Liability Waiver and Release Form

Please read carefully and print legibly. Thank you.

I. (This section is for children under 18 years of age.)

Name of child: _____

Name of child's Parent or Gaurdian: _____

*Please continue to section III and complete.

II. (This section is for anyone over 18 years of age)

Name: _____

Date: _____

*Please continue to section III and complete.

III. (All members, please complete this section)

Phone _____ Email: _____

Date of Birth: _____ Age: _____ Gender: M _____ F _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone number: _____

Is this your first Yoga practice? _____

Would you like to be added to our mailing list? Yes _____ No _____



(Optional) Please list any injuries or important information regarding your health: _____

WAIVER AND RELEASE FROM LIABILITY FOR USE OF EXERCISE FACILITY

I, _____, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge **Autumn Moon's Yoga and Holistic Healing** and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on or off the premises of, or for the benefit of **Autumn Moon's Yoga and Holistic Healing** provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that I will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property, which I may have against the aforementioned released party to such activity.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **Autumn Moon's Yoga and Holistic Healing** including but not limited to taking yoga classes or other cardiovascular activities or classes at the facility, using the facility and its equipment in any manner, form or fashion, and practicing and/or engaging in weightlifting activities, or other related activities on and off the premises. Use of the facility and its equipment, includes but is not limited to, storefront sidewalk, use of building entrance, restrooms, changing rooms, or studio.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions



of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on or off the premises of, or for the benefit of **Autumn Moon's Yoga and Holistic Healing**, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver.

_____ Date

_____ Printed Name (print clearly)

_____ Signature

_____ Name of student (print clearly) (if student is less than 18 years of age)

_____ Signature of student (if student is less than 18 years of age)

_____ Name of parent or guardian (print clearly) (if student is less than 18 years of age)

_____ Signature of parent or guardian (if student is less than 18 years of (age)

