

Waiver Form Mountain Breeze Yoga
11111 Route 23, Windham, NY 12496 (518) 588-3195

Date: _____ **Name:** _____

Email: _____

Phone Number: _____

Addendum: Coronavirus/COVID-19 The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Mountain Breeze Yoga has put in place preventive measures to reduce the spread of COVID-19. However Mountain Breeze Yoga cannot guarantee that you will not become infected with COVID-19. **Assumption of Risk:** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, illness, damage, loss, claim, liability, or expense, of any kind, that I may incur.

Waiver of Liability: I hereby release, covenant not to sue, discharge, and hold harmless Mountain Breeze Yoga, its employees, agents, and representatives, from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to COVID-19.

Please read carefully; I hereby agree to the following: I agree and acknowledge that I am fully aware that participation in this activity may involve risks and I accept all the risks of participating. I will progress at my own pace and I understand my physical limitations so I am sufficiently self-aware to stop physical activity before I become ill or injured. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes. In consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against Mountain Breeze Yoga for injuries or damages that I may sustain as a result in participating in the yoga classes. My signature acknowledges that I shall not now, or at any time in the future, bring any legal action against Mountain Breeze Yoga, Nicole Sansone, and/or any other person who may teach at Mountain Breeze Yoga; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors, and my assigns. If I am pregnant, or become pregnant, or am postnatal, my signature verifies that I am participating in yoga at Mountain Breeze Yoga with my doctor's full approval. If you are under 18, you must have a parent's signature. My signature is binding to this liability waiver from this day forth.

Signature: _____ **Date:** _____