WISTERI-YOGA & REIKI LLC | JAMIE CAHILL | JACOBSBURG STATE PARK

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of Liability:

1. I recognize that activities related to yoga involve physical activities which may be strenuous and may cause injury. I understand that I must judge my own capabilities with respect to any activity. By my participation in any activity or practice taught at or by Wisteri-Yoga & Reiki LLC or at Jacobsburg State Park or in any location, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, that I may incur.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any activity. I represent and warrant that I am physically and mentally fit and have no medical condition which would prevent my full participation in any activity.

3. I, MY HEIRS, OR REPRESENTATIVES RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OR ASSERT CLAIM AGAINST WISTERI-YOGA & REIKI LLC and THEIR EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS, INCLUDING JACOBSBURG STATE PARK OR JAMIE CAHILL, FOR ANY INJURY, DAMAGES, ETC. CAUSED BY THEIR NEGLIGENCE. I ASSUME FULL RESPONSIBILITY FOR SUPERVISION OF ANY CHILDREN/PETS I BRING. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM I MAY HAVE AGAINST WISTERI-YOGA & REIKI LLC, THEIR EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS FOR ANY INJURY, DAMAGES ETC. AS A RESULT OF PARTICIPATING IN WISTERI-YOGA & REIKI LLC ACTIVITIES OF ANY KIND.

4. I have carefully read this waiver and release for the owners and staff of Jacobsburg State Park and Wisteri-Yoga & Reiki LLC. By signing this form, I voluntarily agree to the above terms, releasing all parties involved with Wisteri-Yoga & Reiki LLC and Jacobsburg State Park, from its own negligent acts.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_