



I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the classes and trainings led by Rebecca Chiesi (instructor/personal trainer) at \_\_\_\_\_, during which I or my children will receive information and instruction about yoga, personal training, mind and body health and wellness. I recognize that these classes and trainings require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to myself or my children's participation in the classes and training led by Rebecca Chiesi. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation. I understand that myself or caregiver is invited to participate and oversee all classes and training with my children. I understand I can intervene at any time for the safety and wellbeing of my children.
3. In consideration of being permitted to participate in classes and training. I agree to assume full responsibility for any risks, injuries, or damage, known or unknown, which I might incur because of participating in the classes.
4. In further consideration of being permitted to participate in classes and trainings, I knowingly, voluntarily, and expressly hold harmless Rebecca Chiesi as well as the owners and/or lease holders of the space where these classes and trainings are held. I waive any claim I may have against all for injury or damages that I or my children may sustain because of participating in any classes or training.
5. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue for any injury or death caused by their negligence or other acts.
6. I understand that I may refuse to do any exercise, etc., which I feel I may not be physically capable of and/or may cause harm. It is my responsibility to determine what exercise I and my children can perform and those that we are not.
8. Please initial one. AGREE \_\_\_\_\_ DISAGREE \_\_\_\_\_

I hereby give permission for images of myself, or my children captured during classes, workshops or events through video, photo, and digital camera, to be used for the purposes of promotional material, publications, and social media where kidsyoganj.com, kidsyoga365 are used. I also waive any rights of compensation or ownership thereto.

9. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PARTICIPANT AND DATE

If a participant is under 18:

AS LEGAL GUARDIAN OF \_\_\_\_\_ I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

X \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT