

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

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

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

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

**I, the undersigned hereby agree to the following:** **1)** I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga that may result in injury. **2)** I acknowledge that I have either been given permission from my physician to participate in a yoga based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga or activity associated with Sara Trochinski. I further understand and agree that none of the information provided by Sara Trochinski is medical advice. I understand and agree that my participation and use of this information is at my own risk. **3)** I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program. **4)** I, my heirs, or legal representatives, do hereby waive and release Sara Trochinski from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any activity or use of equipment. **5)** I understand that Sara Trochinski will provide an area for personal belongings to be held during class; however, I agree that Sara Trochinski is in no way responsible for the loss or damage of my belongings while I attend Class. **6)** I understand that class schedules are subject to change and that tuition and fees are non-refundable and non-transferable.

I hereby **WAIVE AND RELEASE** Sara Trochinski from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, or other activities by Sara Trochinski, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

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

*Please practice mindfully and enjoy the many benefits of practicing yoga with Sara.*

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

### **If participant is under 18:**

\_\_\_\_\_ I hereby grant Sara Trochinski permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of her publications, including web-based publications, without payment or other consideration.

As Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms and conditions.

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