



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Please read carefully and discuss questions or concerns with the instructor BEFORE signing.

I, _____ [print name] hereby agree to the following:

1. I understand there are risks involved with yoga, meditation and sound classes (the “classes”).

Risks

I am participating in Classes offered by Caroline Nolan (“Instructor”). I recognize that the Classes may require physical and mental exertion that may be strenuous, and I am fully aware of the risks and hazards involved. I understand that the Classes may release strong emotional reactions and I accept this possibility and the result of such emotional release.

Negligence

I acknowledge that there are risks and dangers that cannot be eliminated in this work, and even if a risk or danger could have been eliminated, this does not always occur.

Physical Contact

I understand and accept that during the in-studio classes, physical contact between student and instructor may be necessary and that contact by the Instructor may be offered and that I can choose to accept or decline this support.

2. I am well enough to participate.

Physical Fitness and Medical Treatment

I understand that it is my responsibility to consult with a physician before participating in the Classes. I will advise the Instructor of any physical and emotional conditions that could be affected by the Classes.

Personal Monitoring

I agree to follow instructions carefully. I understand I am responsible to immediately stop any activity that causes me unacceptable discomfort, emotional distress or pain. I will report this to the instructor at the end of the Class.



3. I accept these risks. I acknowledge that I am solely responsible for my welfare.

Assume Risk

In consideration of being permitted to participate in the Classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, that I might incur as a result of participating in such activities.

Deep Relaxation

I understand that the Classes may produce a deep state of relaxation that may continue for many hours after the Class, and I will refrain from driving a vehicle until I feel capable of driving safely.

4. I waive claim against the instructor and all other parties.

I release the instructor, assistants, facility, the Sun Sukha Yoga, Meditation and Sound Studio and employees from all actions, causes, claims, suits, damages and liabilities arising out of, or connected with, my participation in the Classes including, but not limited to, personal physical, mental or emotional injury, illness (including death). I agree to **indemnify and hold harmless** all of the above parties.

5. No other person(s) or party may make a claim.

I, my heirs, assigns, legal representatives and spouse, if any, forever release, waive, discharge and agree not to sue the instructor or any other party for any injuries or damages caused by their negligence.

6. Broad Waiver

I agree that this waiver will be interpreted as broadly as allowed by law, and that if part of this waiver is deemed invalid then the balance shall remain in effect.



7. I am waiving rights that could otherwise have benefited me or others.

8. I had time to, and did, ask all the questions I had about the waiver.

9. I have carefully read the above release and waiver of liability and fully understand its contents. I freely and voluntarily agree to these terms and conditions even though I would not be able to participate without signing this waiver.

I assert that I am over age 18, that my participation and signing is voluntary and that I assume all risks.

Date

Participant Name (printed)

Participant

Participant Contact Information (address, email, phone)

[If participant is under 18, Parent must also sign:]

As Legal Guardian of

_____, (print name) I _____ (parent/guardian) also consent to the above terms and conditions.

Date

Signature of Parent/Guardian