

## PARTICIPANT RELEASE AND WAIVER AGREEMENT

By signing below, I agree as follows:

I am voluntary participating in Classes offered by instructors at **Elevated Yoga LLC**.

I understand that I should not participate in any Classes unless I am physically able and permitted to do so by my personally-treating physician. I also understand that participating in the Classes includes risk of injury, damages and death. I accept these risks and assume any and all responsibility for any injury or damage to myself or my property resulting from participation in the Classes including, but not limited to, transportation to and from the Classes, attendance at pre and/or post-Class activities, and attendance of and participation in the Class itself.

I also expressly release, waive, indemnify, hold harmless, and forever discharge Elevated Yoga LLC, its agents, affiliates, representatives and employees from any and all responsibility or liability for injury, damage or loss resulting from my participation in any and all portions of the Classes. This release of liability will be binding upon my heirs, assigns, executors, and personal representatives.

**I DO / DO NOT** authorize Elevated Yoga to make and use photographs/video of my participation in Classes, for any and all purposes, for no fee or payment to me.

**I HAVE CAREFULLY READ THIS RELEASE AND WAIVER AGREEMENT, FULLY UNDERSTAND ITS CONTENTS, AGREE WITH ALL OF THE PROVISIONS OF THE AGREEMENT AND VOLUNTARY ACKNOWLEDGE THAT AGREEMENT BY SIGNING BELOW.**

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Participant's name and Signature

Date

If Participant is a minor, a parent or legal guardian must also sign below:

**ON BEHALF OF THE MINOR WHOSE SIGNATURE APPEARS ABOVE, I HAVE CAREFULLY READ THIS RELEASE AND WAIVER AGREEMENT, FULLY UNDERSTAND ITS CONTENTS, AGREE WITH ALL OF THE PROVISIONS OF THE AGREEMENT AND FOR THE MINOR PARTICIPANT, MYSELF, MY HEIRS, ASSIGNS, EXECUTORS AND PERSONAL REPRESENTATIVES, VOLUNTARY ACKNOWLEDGE THAT AGREEMENT BY SIGNING BELOW.**

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Parent or Guardian

Date