

# The Yoga Clinic MI LLC

## Assumption of Risk, Release and Waiver of Liability

Each participant of The Yoga Clinic MI LLC, assumes fully all risks when he/she participates in a class/workshop and agrees not to hold Claire Whittleston or The Yoga Clinic MI LLC liable for injury or damage to person or property, which may occur to him/her as a result of participation in classes, workshops or related activities of Claire Whittleston's or The Yoga Clinic MI LLC's yoga. Each participant of The Yoga Clinic MI LLC's yoga takes full responsibility for personal property and agrees not to hold Claire Whittleston or The Yoga Clinic MI LLC responsible for any loss that may occur during any scheduled class or workshop.

By execution below, I hereby waive, release and forever discharge Claire Whittleston and The Yoga Clinic MI LLC and her successors, heirs, assigns and agents from any and all claims, demands, actions, damages, costs, liabilities, losses or expenses, whether known or unknown, resulting from, or directly or indirectly related to, my participation in Claire Whittleston's/The Yoga Clinic MI LLC's yoga class and/or workshop. By signing this Release and Waiver of Liability, participants acknowledge and agree that their participation in Claire Whittleston's/The Yoga Clinic MI LLC's yoga class is at their own risk and agree that Claire Whittleston, shall not be held liable for any injury, loss, or property damage, whether known or unknown, resulting from, or directly or indirectly related to, my participation in Claire Whittleston's/The Yoga Clinic MI LLC's yoga class and/or workshop, including but not limited to, and such injury, loss, or property damage resulting from the active or passive negligence on the part of Claire Whittleston/The Yoga Clinic MI LLC or her agents.

As with any physical activity or medical treatment, participants are responsible to consult with a physician before beginning any class or workshop with Claire Whittleston/The Yoga Clinic MI LLC. Participants are obligated to disclose health related limitations or concerns to Claire Whittleston or any instructor at The Yoga Clinic MI LLC, prior to participating in any yoga classes or workshops to ensure a safe practice.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the yoga classes offered by Claire Whittleston/The Yoga Clinic MI LLC.

**BY MY SIGNATURE I INDICATE THAT I HAVE READ FULLY AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND AGREE TO ITS TERMS OF MY OWN FREE WILL.**

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

**If participant is under 18:**

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

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Health Concerns/Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_