

Academy of Creative Movement Yoga Studio, Inc.
RELEASE FORM (PLEASE PRINT/TYPE)

My Name: _____

Child's Name: _____

Date of Birth: ___/___/___

Parent/Guardian Name: _____

Home Address: _____

Email: _____ **Phone:** _____

Please note any injuries, health concerns, that I should be aware of: _____

How did you hear of our studio? _____

Please read carefully:

I hereby agree to the following:

1. That I/my child is participating in the Yoga /Movement Classes offered by Academy of Creative Movement Yoga Studio, Inc., during which I will receive information and instruction about yoga/movement. I recognize that Yoga/Movement requires physical exertion which may be strenuous, 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 and regarding my/my child's participation in the Yoga/Movement classes. I represent and warrant that I/my child is physically fit and I am not aware of any medical condition which would prevent me/my child's full participation in the Yoga/Movement Classes.

3. In consideration of being permitted to participate in the Yoga/Movement Classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I/my child might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in the Yoga Classes, I knowingly, voluntarily and expressly waive any claim I may have against Academy of Creative Movement Yoga Studio, Inc. and the instructors, for injury or damages that I/my child may sustain as a result of participating in the program. This release waives any provisions, covenants or other existing Civil Codes which provide that a general release does not extend to claims which the creditor does not know to exist in his favor at the time of executing the release, which if known to him, must have materially affected his settlement with the debtor.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Donna Furmanek and/or Academy of Creative Movement Yoga Studio, Inc., for any injury or death caused by their negligence or other acts. Further, I, my heirs or legal representative will hold Academy of Creative Movement Yoga Studio, Inc., harmless with respect to any claims and or the enforcement of this agreement including but not limited to costs and attorney's fees.

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.

Date: _____ **Signature of Parent/Guardian:** _____

Signature of Adult: _____