

Form 4 – Retreat Participation Liability Form

www.SoundBodyYoga.com

Could you please complete the following information:

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____

Zip: _____

E-mail address: _____

Medical Alert (injuries, physical limitations, ailments, etc.)

How did you hear about our Wellness Retreats?

Participation in our sessions includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various Yoga postures or exercises. Yoga postures, or asanas, are designed to exercise every part of the body - stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility.

Yoga and physical exercise is an individual experience. I understand that in Yoga, and in any other exercise class, I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing any other exercise.

By signing my name below, I acknowledge that participation in these sessions or any other exercise class exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Dr. Freedom and Leela Barbara Fraser from any and all liability, negligence, or other claims, arising from, or in any way connected, with my participation in Yoga and any other exercise class.

My signature further acknowledges that I shall not now, or at any time in the future, bring any legal action against Dr. Freedom or Leela Barbara Fraser and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

My signature verifies that I am physically fit to participate in Yoga classes, or any other classes, and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant, or become pregnant, or am post-natal, my signature verifies that I am participating in Yoga, or any other exercise classes, with my doctor's full approval. I realize that I am participating in Yoga, or any other classes, at my own risk.

My signature is binding to this liability waiver from this day forth.

Date _____

Signature _____

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IF UNDER 18 YEARS OF AGE

As legal guardian of _____, we consent to the above conditions.

Signature of Guardian: _____

Informed Consent and Waiver of Liability

I understand that Yoga and any other exercise program can be physically intensive, and I voluntarily assume the risk inherent in my participation in exercise classes at the retreat, including the risk of injury, accident, death, loss, cost or damage to my person or property. I release and indemnify Dr. Freedom and Leela Barbara Fraser from, and against, any and all such claims and liabilities, including attorneys' fees.

I further attest that I am in sufficient physical health, and/or that I have consulted with a physician and I am able to undertake and engage in the physical movements and exercises in classes that I have chosen to take at the Wellness Retreat.

I assume responsibility to update Dr. Freedom and Leela Barbara Fraser of any changes in my medical condition that might affect my safety or participation in any classes at the Wellness Retreat.

Signature _____

Date _____