

WAIVER

Emergency contact:

Name _____ Relationship _____ Phone # _____

Lancaster Power Yoga (hereafter referred to as "LPY") is an experience- and discovery-focused yoga studio and glass-blowing school intended to foster community, safe haven, fun, laughter and kindness to the earth and all things living, starting with our students, clients, retreatants, and ourselves. This Waiver & Release of Liability is associated with LPY only.

I, _____, hereby agree to the following:

Yoga and other offered activities (including movement practices, retreats, workshops, meditation, energy and massage work) are not a substitute for medical attention, examination, diagnosis or treatment. By signing below, I acknowledge and agree to the following:

1. Practice and participation at or with LPY may involve risks, and by participating I accept all risks, including those created by apparent carelessness, negligence or gross negligence of LPY, myself and anyone else. I recognize that activities involve physical exertion which may be strenuous and may cause physical injury and I am fully aware of the hazards involved.
2. I understand it is my responsibility to consult with a physician prior to and regarding my participation in any physical activity. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in the activities at or with LPY. A licensed physician has verified my good health and physical condition to participate in activities offered by LPY.
3. I am responsible for maintenance of my own safety and will respect my own personal limits to stop physical activity before I become ill or injured. LPY representatives may offer hands-on assists and adjustments. It is my responsibility to adequately inform and remind LPY representatives if I wish not to experience hands-on assistance.
4. I hereby release LPY from any and all liabilities, claims, demands, legal actions, or rights of actions for damages, personal injury or death in connection with participation in activities with or by SALT & SAND. This extends to any and all of the LPY teachers, instructors, affiliates, independent contractors, lease facilities, retreat venues, event venues, and their respective representatives, directors, officers, sponsors, agents, employees/staff, volunteers, contractors or representatives.
5. I knowingly, voluntarily and expressly waive all claims I may have against LPY, its owners, sponsors, staff, volunteers and contractors for any injury or damages that I may sustain as a result of participating in programs or activities offered by LPY.
6. I, my heirs and/or legal representatives, forever release, waive discharge and covenant negligence and/or other acts that may arise against LPY, its owners, directors, officers, sponsors, agents, employees/staff, volunteers, contractors or representatives.
7. I grant my permission to LPY and any transferee or licensee of them to utilize any photographs, motion pictures, video, recordings and other references or records of activities with and at LPY that may depict,

record or refer to me for any purpose ("likeness"), including commercial use by the released parties, their sponsors and their licensees.

8. All payments are non-refundable and non-transferable for any reason, including but not limited to, extenuating circumstances, illness and injury. The scheduling and content of activities are subject to change as necessitated by schedule and availability based on the mandate of owners, management and contractors of LPY.

I have fully read and understood the above release and waiver of liability. I fully understand its contents and that by signing it I am obligated to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against LPY or its owners. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the state of Pennsylvania. Signing also provides consent for LPY to email me with reminders and offers.

Print Name _____

Signature _____ Date _____

(Parent/guardian signature required if under 18)