Joan Zigulich, Certified Yoga Instructor, Yoga Pathway, LLC

Release & Waiver

* Required

Participant

* Name _____

* Address _____

Home Phone _____

* Cell Phone _____

Email Address _____

Emergency Contact

* Name _____

* Relation _____

Home Phone _____

* Cell Phone _____

* Do you have any physical challenges or limitations (i.e. surgery, chronic illness, injuries, chronic pain, current pregnancy, etc.)? Yes_____ No _____

* If yes, please list

_____

* Have you practiced yoga before? (Yes)____(No)____

* Primary intention for taking yoga? _____

Agreement of Release and Waiver of Liability

Please read carefully.

I hereby agree to the following:

1. I am participating in yoga classes, health programs, workshops and/or other wellness, bodywork, therapy, exercise, and healing arts activities (collectively, the "Activities") offered by Joan Zigulich of Yoga Pathway, LLC (the"Teacher"). The Activities may be offered in a physical location or offered online by videos, television, podcasts, apps, or other digital media or platforms. All of such offerings, either physical or online, shall be considered "Activities."
2. I recognize that I must be in adequate physical and mental health to participate in the Activities. I understand that the Activities may require intense physical exertion, and I represent and warrant that I am physically fit enough to participate, and I have no medical condition which would prevent my full participation in the Activities. I recognize that the Activities may cause or aggravate a physical injury or medical condition. I understand that it is my responsibility to consult with a physician before my participation in the Activities. If I have done so, I have taken the physician's advice. I understand that the Teacher reserves the right to refuse my participation in any Activity on medical, fitness, or any other grounds.
3. I am aware that my participation in the Activities could result in high blood pressure, fainting, heartbeat disorders, physical injury, heart attack, or stroke and may aggravate pre-existing injuries. I understand that I could experience muscle, back, neck, and other injuries as a result of my participation in the Activities. I understand my physical limitations and I am sufficiently self-aware to stop or modify my participation in any Activity before I become injured or aggravate a pre-existing injury.
4. In consideration of being permitted to participate in the Activities, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Activities, including those which may result from the negligence of the Teacher.
5. In further consideration of being permitted to participate in the Activities, I knowingly, voluntarily, and expressly waive any "Claim" (as defined below) I may have against the Teacher and any of Teacher's employees, independent contractors, or assistants (each, a "Released Party") that I may sustain as a result of participating in the Activities even if the Claim arises from the negligence of Released Party or anyone else. I agree to indemnify and hold harmless Released Party from any loss, cost, or liability incurred in defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of Released Party or anyone else. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering, and distress, or death that I may suffer, my spouse, children, or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Activity.
6. I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of any Released Party.
7. I hereby understand that the Teacher from time to time may photograph, video, or otherwise record Activities and place such photographs and videos on its Website or social media plat-

form. I hereby consent to the use of my image that may appear in any such photograph or video.
8. This agreement shall be construed in accordance with, and governed by, the laws of the State of Illinois and that all actions, suits, claims, and proceedings relating to this agreement shall be brought in a court of competent jurisdiction located in Illinois. In case any provision of this agreement shall be held invalid, illegal, or unenforceable, it shall not affect any other provision of this agreement, and this agreement shall be construed as if such provision had never been contained herein.
I acknowledge that I have carefully read this agreement and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this agreement, I am giving up substantial rights, including my right to sue and certain legal rights my heirs, next of kin, executors, administrators, and assigns may have against any Released Party.

To digitally sign waiver please type your name below.

* Yes, I agree _____

* Name _____

* Date_____