

# Registration & Release and Waiver of Liability



Name: \_\_\_\_\_

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

City / State / Zip \_\_\_\_\_

Phone #(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Emergency Contact: (Name/ # / Relationship) \_\_\_\_\_

Please list any physical conditions, injuries, or impairments: \_\_\_\_\_

\_\_\_\_\_

Would you like to be added to Shine Yoga's newsletter? \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to the following:

1. I understand that there are inherent risks in participating in classes and programs offered by Flourish Unlimited LLC dba Shine Yoga and our Shine Yoga Collective teachers group, hereinafter "Shine Yoga." I voluntarily participate in them with full knowledge that there is risk of personal injury, illness (including but not limited to, exposure to Covid-19), property loss, or death. I understand that yoga instructors and fellow students may physically assist me in holding, modifying, or moving into and out of certain yoga postures. I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities at Shine Yoga Center and in any off-site locations.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the programs offered by Shine Yoga I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the classes and programs.
3. In consideration of being permitted to participate, I agree to assume full responsibility for any risks, illnesses, injuries or damages, known or unknown, which might incur as a result of participating in the classes and/or programs.
4. In further consideration of being permitted to participate, I knowingly, voluntarily, and expressly waive any claim I may have against Shine Yoga for injury, illness, or damages that I may sustain as a result of participating in the classes and/or programs.
5. I understand that Shine Yoga is in no way responsible for the safekeeping of my personal belongings while I attend classes or programs.
6. I, my heirs, or legal representatives forever release waive, discharge, and covenant not to sue Shine Yoga for any injury, illness, property loss, or death caused by their negligence or other acts.
7. I understand that Shine Yoga programs may be photographed, video/audio recorded, and/or live-streamed. I hereby grant Shine Yoga permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all media will become the property of Shine Yoga and will not be returned. I hereby irrevocably authorize Shine Yoga to edit, alter, copy, exhibit, publish, or distribute this media for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of this media. I hereby hold harmless, release, and forever discharge the Shine Yoga from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**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.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**If participant is under 18:**

As legal guardian of: \_\_\_\_\_, I consent to the above terms and conditions.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_