



Agreement of Release and Waiver of Liability

I, \_\_\_\_\_, hereby agree to the following:  
Name of Participant

1. That I am participating in the Yoga and Circus Arts or related Workshop offered by Om-FLY during which I will receive information and instruction about Yoga and Health. I recognize that this requires physical exertion which may be strenuous and may cause physical injury and/or side effects from injury 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 participation in any Yoga Class, Health Program or related Workshop (collectively referred to as "Activity"). I represent and warrant that I am physically fit and that I have no medical condition which would prevent my full participation in any Activity in which I participate. I understand that it is my responsibility to ascertain that I am capable of participating in any such Activity, and that I should continue to keep Om-FLY fully informed of any physical or other condition or disability which would prevent or limit my participation in any Activity.

3. In consideration of being permitted to participate in any Activity that I sign up for, I AGREE TO , AND, I ASSUME FULL RESPONSIBILITY FOR ALL RISKS, INJURIES OR DAMAGES, KNOWN OR UNKNOWN, WHICH I MIGHT INCUR AS A RESULT OF PARTICIPATING IN ANY SUCH ACTIVITY.

4. In consideration of being permitted to participate in any Activity that I sign up for, I hereby fully and forever release and hold harmless Om-FLY, its employees, owners, and agents (collectively called the "Releasees") from and against any and all liability to me, my heirs executors, personal representatives, administrators and/or assigns, for any and all claims, demands, causes of action, losses and damages of any kind whatsoever on account of any injury including loss, injury, death or damage to my person and/or any property or to any other person and/or their property, caused or alleged to be caused by any action or inaction of any of the Releasees. I hereby waive any right to sue any of the Releasees for any injuries or damages I may incur whether known or unknown resulting from my participation in any Activity.

5. I understand and agree this document is to be binding on myself, my heirs, personal representatives, executors, administrators and assigns.

6. I AGREE TO DISCUSS ANY HEALTH RESTRICTIONS, QUESTIONS OR CONCERNS WITH THE INSTRUCTOR PRIOR TO ANY CLASS, PROGRAM OR WORKSHOP IN WHICH I AM ENROLLED.

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 Participant: \_\_\_\_\_

IF THE PARTICIPANT IS UNDER 18 YEARS OLD:

As Parent or Legal Guardian of \_\_\_\_\_, I consent to  
Name of Participant  
the above terms and conditions.

Date: \_\_\_\_\_ Parent/Legal Guardian Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_