



www.earthandskyliving.com 715-222-5100

AGREEMENT & LIABILITY RELEASE NOTICE

Before participating in this or any other exercise program, individuals should consult with a physician.

VOLUNTARY PARTICIPATION

I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in the yoga class and/or Reiki session.

ACKNOWLEDGMENT

I am aware that participation in the yoga class may be hazardous. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I represent that I possess the level of health, strength, fitness, and flexibility necessary to participate in these activities. I am voluntarily participating in these activities with knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

RELEASE

In consideration for being permitted to participate in the yoga class/Reiki session, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue, or attach the property of, Earth and Sky Living, Tonya Schmitt, substitute teachers, or participants in the yoga class/Reiki session, for injury or damage resulting from my participation in such yoga class/Reiki session. I release Earth and Sky Living, Tonya Schmitt, substitute teachers, and participants, their agents and heirs, from any and all actions, causes of action, lawsuits, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or hereafter may have for any and all injury, illness, loss of or damage to property associated with my participation in the yoga class/Reiki session. I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to yoga classes/Reiki sessions with Earth and Sky Living, Tonya Schmitt and all such instructors, and participants.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____