

Student RELEASE and WAIVER of LIABILITY

(Please print)

Name: _____ Email: _____

Address: _____

City: _____ State: ____ Zip: _____

Contact phone #: _____

I, _____, hereby agree to the following:

1. I am participating in yoga classes, health programs, workshops, wellness, exercise and healing arts activities (collectively, the "Activities") offered by Lisa Phillips.
2. I recognize that I must be in good physical and mental health to participate in the Activities. I understand that the Activities require physical exertion, and I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in the Activities. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Activities. If I have consulted a physician, I have taken the physician's advice. I understand that Lisa Phillips reserves the right at her absolute discretion to refuse my participation in an Activity on medical, fitness or other grounds.
3. I am in proper physical condition to participate in the Activities, and I am aware that participation could, in some circumstances, result in abnormal blood pressure, fainting, heartbeat disorders, physical injury and potentially heart attack. I also understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured. I understand that it is my continuing responsibility to inform Lisa Phillips of any previous medical conditions, injuries or surgeries prior to my first class and any future changes to my medical condition.
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 taught by Lisa Phillips.
5. In further consideration of being permitted to participate in the Activities, I knowingly, voluntarily and expressly waive any and all "Claims" (as defined below) I may have Lisa Phillips for any and all Claims that I may sustain as a result of participating in the Activities, even if the Claim arises from the negligence of any Released Party or anyone else. I agree to indemnify and hold harmless Lisa Phillips from any loss 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 any Released Party or anyone else.
6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Lisa Phillips for any Claim caused by any negligence or other acts.
7. I hereby understand that Lisa Phillips from time to time may photograph or video classes or events occurring at its studios and place such photographs and videos on its website. 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 Texas.

I acknowledge that I have carefully read this release and waiver of liability and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this release and waver of liability, 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.

Signature of student

Date

If the student is under 18:

As legal guardian of _____,

I consent to the above Waiver of Release and Assumption of Liability

Signature of parent/guardian (relationship to student)