## **ENTWINED Student Information, Yoga Release and Waiver of Liability**

Please fill-out, print, sign, and return this waiver to me via email (shelley.entwined@gmail.com) prior to your first class. Thank you!

Name		Date of Birth	
		City, State & Zip _	
		Email	
How did you hear about t	his class?		
		for Shelley Snodgrass, Entwined Studio	
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I,	, he	ereby agree to the following:	
1. I am participating in yoga programs, workshops and ness, bodywork, therapy, healing arts activities (col "Activities") offered by Sl RYT 200 (the "Teacher"). may be offered in the phy of the Studio, outdoors, o by videos, television, pod or other digital media or All of such offerings, either online, shall be considered.  2. I recognize that I must be physical and mental healt in the Activities. I unders Activities may require into the studies and mental teats.	d/or other well- exercise, and electively, the helley Snodgrass, The Activities sical location r offered online casts, apps, platforms. er physical or d "Activities."  in adequate th to participate tand that the ense physical	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	"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 Clain 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
exertion, and I represent I am physically fit enough and I have no medical con would prevent my full par Activities. I recognize tha may cause or aggravate a or medical condition. I un it is my responsibility to o physician before my parti Activities. If I have done s the physician's advice. I u the Teacher reserves the participation in any Activ fitness, or any other grou	n to participate, adition which reticipation in the tente the Activities physical injury aderstand that consult with a cipation in the so, I have taken anderstand that right to refuse my ity on medical, ands.	of the Teacher.  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	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 an such photograph or video.  8. This agreement shall be construed in accordance with, and governed by, the law of the State of New Hampshire and that all actions, suits, claims, and proceedings relating to this agreement shall be brought in a court of competent jurisdiction located in New Hampshire. In case any provision of this agreement shall be held invalid, illegal, or unenforceable, it shall not affect
<ol> <li>I am aware that my partic Activities could result in l pressure, fainting, hearth physical injury, heart atta</li> </ol>	nigh blood eat disorders,	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.	any other provision of this agreement, and this agreement shall be construed as if such provision had never been contained herein
agree to the terms and co	nditions stated he to sue and certair	s agreement and fully understand its correin. I am aware that by signing this agral legal rights my heirs, next of kin, execut	eement, I am giving up substantial
Signature of participant _	•		Date
If participant is under 18:			
As legal guardian of		, I consent to the abo	ove Release and Waiver of Liability.

Signature of parent/guardian \_\_\_\_\_\_ Date \_\_\_\_\_