

Lisa Borrello dba Om Sweet Om Yoga/In Balance Yoga+ & 100 Acre Wood Vineyard, LLC/Clover Pond Vineyard Waiver & Release Form

SECTION I: PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: ____/____/____ Occupation: _____

Primary Phone: _____ (C) (H)

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

SECTION II: RISK ASSESSMENT

Please list any medical conditions, injuries, limitations or other information that I should be aware of:

SECTION III: AGREEMENT

I understand that yoga includes physical movement and as is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain, pinching or discomfort, it is my responsibility to listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages, which may incur through participation.

Should I participate in online classes: I am fully aware that an online yoga class is distinctly different compared to participating in a class under a teacher's guidance. I hold myself fully responsible for my online participation and make sure that my place of practice is as safe as possible.

Should I participate in Stretch & Sip Classes, I agree that alcoholic beverages will not be consumed before class, only afterward.

Should I participate in classes, I am aware of the risks associated with COVID-19: Although we will take preventative measures (as listed on my website: lisasyogaschedule.weebly.com), I understand that COVID -19 is extremely contagious and no steps can be taken that guarantee 100% protection under the current Coronavirus circumstances.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I voluntarily and knowingly accept the risk involved and waive any liability on the part of Lisa Borrello dba Om Sweet Om Yoga/In Balance Yoga+ and 100 Acre Wood Vineyard, LLC/Clover Pond Vineyard in choosing to participate in yoga whether the classes be virtual, at the vineyard, outside or in the studio, I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Lisa Borrello dba Om Sweet Om Yoga/In Balance Yoga+ 100 Acre Wood Vineyard, LLC/Clover Pond Vineyard. I am participating and signing this agreement voluntarily and recognize that this document serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of New York.

Signature:

Date:
