

**TRANSFORME YOGA AND SUP YOGA  
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FORM**

**I hereby agree to the following:**

I am participating in any of the YOGA classes/Stand Up Paddleboard Yoga class/workshop/camp offered by TransforMe SUP Yoga, during which I will receive information and instruction about yoga and health. I recognize that YOGA/SUP YOGA may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I acknowledge, appreciate, and agree that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. I acknowledge that I have adequate swimming skills and that to be able to participate in SUP YOGA offered by TransforMe SUP Yoga, it is a requirement that the individual can swim and be comfortable in all depths of water.

**I understand** that it is my responsibility to consult with a physician prior to and regarding my participation in the YOGA/SUP YOGA class/workshop/ camp. I represent and warrant that I am physically fit and I have no medical condition which I have read the above would prevent my full participation in the YOGA/SUP YOGA class/workshop/camp. In consideration of being permitted to participate in the YOGA/SUP YOGA class/workshop/camp, 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 program. In further consideration of being permitted to participate in the YOGA/SUP YOGA class/workshop/ camp, I knowingly, voluntarily and expressly waive any claim I may have against TransforMe Studio, SUP Yoga, its owners and class/workshop/ camp Sponsor, for any injury or damages that I may sustain as a result of participating in the program.

**I understand** that TransforMe SUP Yoga may take photographs and videos. I grant permission for the use of this media for promotional purposes and understand that there will be no financial remuneration for the use of media.

**I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.** I have read the above release and waiver of liability and fully understand its contents as well as the Refund/Cancellation and Make up-class Policies. I voluntarily agree to the terms and conditions stated above. This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Registrant Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Registrant Signature	<input type="text"/>
Date	<input type="text"/>

If registrant is under 18 a legal guardian's authorization is required:

AS LEGAL GUARDIAN OF,

I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

Guardian Signature	<input type="text"/>
Date	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>