

*(Your information will be kept private and used only by Beyond Van Gogh and Mountain Home Yoga)*

## Beyond Van Gogh Yoga - Waiver Form

~Please **print** clearly~

Participants in yoga must be 4+ years old. Participants ages 4-17 years must be accompanied by an adult and are required to have their own waiver filled out and signed by their guardian or the person responsible for them during the yoga class.

Name: (first)\_\_\_\_\_ (last)\_\_\_\_\_

Phone Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Birth Day: (m)\_\_\_\_-(d)\_\_\_\_-(y)\_\_\_\_\_

YOUR Email: \_\_\_\_\_

Emergency Contact Name : \_\_\_\_\_

Their Phone # ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_\_

Disclosure: List Any/All Physical Ailments Here:

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**By registering above as a student of Beyond Van Gogh Yoga, I agree to the following in order to attend this special Yoga Class at The Beyond Van Gogh Sarasota Art Exhibit.**

1. I am aware of the physical risks involved with yoga and understand that it is my responsibility to consult with my physician prior to my participation in any classes or prior to receiving any instruction. I understand yoga is not a substitute for medical treatment. I also understand that if at any time *(Your information will be kept private and used only by Beyond Van Gogh)* during any class or when receiving any instruction from you and/or your associated instructors that I feel discomfort or strain; it is my responsibility to cease the activity and consult with my physician.

2. I have no known medical condition which would prevent me from taking part in yoga classes or receiving yoga instruction. I assume responsibility for any and all risk or injury that I may sustain as a result of my participation. I understand that it is my responsibility to advise you, your staff, and your associated instructors of any physical conditions that may limit my participation in yoga classes, even as they change, and to work only within my limitations.

3. I will not hold Mountain Home Yoga and Wellness Studio, its owners, associated instructors, or affiliate instructors, or Beyond Van Gogh, its' affiliated companies or partner companies, including its' owners, directors, employees, and independent contractors for any injuries suffered by me whatsoever.

4. I understand that due to the nature of the event and lack of observance available on the part of the instructor during this event, the instructor cannot help access my risk during postures and my safety cannot be their responsibility.

5. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Mountain Home Yoga and Wellness Studio, its agents, owners, officers, directors, instructors, sponsors, and other participants,

Beyond Van Gogh its' affiliated companies or partner companies, including its' owners, directors, employees, and independent contractors as well as any similar claims against the owners, lessor, and lessees of the premises of Beyond Yoga Van Gogh as a result of my participation in this Yoga Event.

6. I agree that Mountain Home Yoga and Wellness Studio and Beyond Van Gogh is not responsible in the event of loss, damage, unauthorized use, theft, or injury resulting from and to any personal property that I bring onto the premises.

7. I understand that videos, photos and live streaming are taking place during this event. I give permission for the use of all photos, live stream and videos that may use my image to be freely used in Beyond Van Gogh's social media, website, email and print and will be used free and clear of all cost.

8. Without limiting the foregoing, I hereby forever irrevocably release and waive any and all claims against Mountain Home Yoga and Wellness Studio and Beyond Van Gogh, inclusive of its' partners and affiliates, owners, directors, employees and independent contractors, resulting from any cause in connection with this Special Yoga Event.

\_\_\_\_\_initial please

Please ensure your form is completely filled out, sign below and hand the waiver to the staff! We hope you enjoy your class and make lots of beautiful memories.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**If you are the person accountable for the minor listed above, sign here:**

**Date:** \_\_\_\_\_

**Your Name (printed clearly)** \_\_\_\_\_

**Signature:** \_\_\_\_\_