RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT (Participant)

1. In consideration for receiving permission to participate in activities in, on or upon the premises of Virayoga and/or the Virayoga Healing Annex, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever **RELEASE, WAIVE, DISCHARGE, INDEMNIFY AND SAVE AND HOLD HARMLESS** Virayoga, LLC, their officers, agents, employees, consultants and affiliates including each of their respective heirs, representatives, sponsors, equipment providers, vendors, landlords and insurers (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any property belonging to me, whether caused by the negligence of the **RELEASEES**, or otherwise, while participating in such activities, or while in, on or upon the premises where the activity is conducted.
2. I am aware of the dangers and the risks to my person and property as a participant in this physical activity. I also understand that there are potential risks which I may not presently be aware. Because of the dangers of participating in this activity, and in order to maximize safety of all involved, I agree to abide by all rules, guidelines, instruction established by Virayoga LLC, its staff members, service providers and agents. My failure to abide by all such rules, guidelines and/or instructions may result, in the sole discretion of Virayoga LLC of withdrawing permission to receive such services in, on or upon the premises of Virayoga and /or the Virayoga Healing Annex.

By signing below, I acknowledge and agree that this Agreement is intended to be as broad and inclusive as is permitted by law and that if any portion is held invalid, that it is agreed that just such portion will be stricken and the remainder of the Agreement will remain in full force and effect.

I also warrant that the following statements are true and correct and understand that **RELEASEES** have relied upon them in entering into this Agreement and in giving me permission to enter in, on or upon the premises of Virayoga and/or the Virayoga Healing Annex.

1. Aside from this Agreement, no oral representations, statements, promises, or inducements have been made to me.
2. Participant is age 18 or older and otherwise of sound mind to enter into this legally binding Agreement.

I HAVE READ THIS ENTIRE DOCUMENT AND COMPLETELY UNDERSTAND THE TERMS AND CONDITIONS. THIS IS A LEGALLY BINDING CONTRACT.

First Name																																	
Last Name																																	

Date: _____ Signature: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: ____/____/____ E-Mail: _____ Phone Number: _____

In case of emergency **RELEASEES** have permission to call and provide information to:

Name: _____ Phone Number: _____