

LAST NAME:

Name:	Email:
Address:	Phone: Birthday (get a free class!):
Emergency Contact Name & Number:	How did you hear about us:

By agreeing to the below, I represent and agree as follows:

I will follow any and all instructions given to me by extendYoga LLC instructors and/or staff as to when and how to perform exercises. I understand that any deviations from such instruction shall be at my own risk. I understand that in the course of instruction the instructor may, at times, aid my posture with physical contact. I understand that if I am taking instruction via any of extendYoga, LLC's online platforms, I am performing exercises at my own risk and at my leisure. When exercising via online instruction; I understand that extendYoga, LLC is not responsible for the equipment used, the exercise space, or any other aspect of online exercise that I am participating in.

Like most physical activities, I understand that this activity may cause physical injury and I am fully aware of all of the risks and hazards that may be involved. I will not hold extendYoga LLC, its members, instructors, employees, volunteers, or anyone else associated with extendYoga LLC liable or responsible for any injuries or other losses suffered by me in the course of classes, workshops, events, training, instruction, online instruction, or other services rendered by extendYoga LLC.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the classes, programs, events, trainings, or workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in said classes, programs, events, trainings, and/or workshops.

In consideration of being permitted to participate in classes, online instruction, health programs, workshops, retreats, trainings or any other studio related activity, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating.

By utilizing the facilities at extendYoga, LLC, I voluntarily assume all risk due to exposure to COVID-19 or similar illness or disease or any other pandemic, and agree to not hold extendYoga, LLC liable for any illness or injury. I agree to the policies and protocols that extendYoga, LLC is following at the time of my visit. These policies and protocols are subject to change based on the current recommendations of the State, County, and/or Health Organizations, etc; with no notice to participants.

extendYoga LLC is authorized to use photos, and or other likeness of myself for any promotional materials regarding extendYoga LLC programs, facilities, or services. Such likeness' will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted online on extendYoga LLC's website, social media pages and other print and online outlets. I understand that all of the above also applies to extendYoga LLC events held at offsite locations as well as online.

I, my heirs or legal representatives forever release waive, discharge and covenant not to sue extendYoga LLC for any injury or death caused by negligence or other acts.

I acknowledge that I have fully read the above release and waiver of liability and fully understand its contents. I am over 18 years of age. I voluntarily agree to the terms and conditions stated above. If the student is under 18 years of age, I the legal guardian, shall understand the terms and conditions and accept them for the minor. I voluntarily agree to the terms and conditions stated above do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any online or in- person facility exercise program, sport or physical activity. I hereby waive all claims against, its owner, instructors, or partners of said program, individually or otherwise, for any and all claims for injuries or damages that I might sustain. I understand that there is risk of injury associated with participating in any facility exercise program or sports activity and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being. I certify that all of the information provided on this application is correct and true.

Signature:	Date:
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