

**Connie Ramsey Yoga, LLC**

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

By signing my name below, I acknowledge that the participation in yoga class exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any yoga class.

I hereby take action for myself, my executors, administrator, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from yoga class, the instructor, Connie Ramsey, and Connie Ramsey Yoga, LLC, who is hosting these classes and where sessions are being held, and each of their directors, officers, employees, volunteers, representatives and agents; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or person mentioned herein as to any and all liabilities or claims made as a result of participation in the yoga classes, whether caused by the negligence of releasees or otherwise.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against the instructor, Connie Ramsey, and Connie Ramsey Yoga, LLC; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

I am signing this Agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Mississippi.

I hereby certify that I have read this document; and, I understand its content. I am aware that this is a release of liability as well as a contract and I sign it of my own free will. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
*Signature (Parent or Guardian if participant is less than 18 years of age)*

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

\_\_\_\_\_  
*Name of Participant (print)*

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*Name of Parent or Guardian (print)*