

AGREEMENT OF RELEASE
AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by EBNW, Inc., SoundYoga, Chris Dormaier, Karie Bloxton, Cheryl Sjoblom, Milo Minnis, Julie Fournier and Shelly Aaron during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in the Yoga Classes, Health Programs or Workshops.

3. In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, 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.

4. In further consideration of being permitted to participate in the Yoga Classes, Health Programs and Workshops, I knowingly, voluntarily and expressly waive any claim I may have against EBNW, Inc., Sound Yoga, Chris Dormaier, Karie Bloxton, Cheryl Sjoblom, Milo Minnis, Julie Fournier and Shelly Aaron for injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue EBNW, Inc., Sound Yoga, Chris Dormaier, Karie Bloxton, Cheryl Sjoblom, Milo Minnis, Julie Fournier and Shelly Aaron for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand the contents. I voluntarily agree to the terms and conditions stated above.

DATE

SIGNATURE OF PARTICIPANT

Address _____

If participant is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT

WITNESSED BY: _____