



INTEGRATIVE
CREATIVE
ARTS
THERAPY

Yoga in the Garden

Name _____

Street Address _____

City, State & Zip Code _____

Mobile Number _____

Email _____

Please note: cancellation of class will be communicated by **text** up to 45 minutes before class start time. Please ensure you did not receive a cancellation text before departing for class. If you had already paid for the class, the teacher will take note and apply the fee to the next attended class. There may be some cancellations closer to the start time, but only in the case of an adverse weather event. As class will be held outside, please understand that this may happen last minute.

I, _____, hereby agree to the following:

1. I am participating in yoga classes, health programs, workshops and/or other wellness, body work, therapy, exercise and healing arts activities (collectively, the "Activities") offered by Emily Miller-Carroll (the "Teacher"). The Activities may be offered in the physical location of

the Studio or offered online by videos, television, podcasts, apps or other digital media or platforms. All of such offerings, either physical or online, shall be considered "Activities."

2. I recognize that I must be in adequate physical and mental health to participate in the Activities. I understand that the Activities may require intense physical exertion, and I represent and warrant that I am physically fit enough to participate, and I have no medical condition which would prevent my full participation in the Activities. I recognize that the Activities may cause or aggravate a physical injury or medical condition. I understand that it is my responsibility to consult with a physician before my participation in the Activities. If I have done so, I have taken the physician's advice. I understand that the Teacher reserves the right to refuse my participation in any Activity on medical, fitness or any other grounds.

3. I am aware that my participation in the Activities could result in high blood pressure, fainting, heartbeat disorders, physical injury, heart attack or stroke and may aggravate pre-existing injuries. I understand that I could experience muscle, back, neck and other injuries as a result of my participation in the Activities. I understand my physical limitations and I am sufficiently self-aware to stop or modify my participation in any Activity before I become injured or aggravate a pre-existing injury.

4. In consideration of being permitted to participate in the Activities, 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 Activities, including those which may result from the negligence of the Teacher.

5. In further consideration of being permitted to participate in the Activities, I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against the Teacher and any of Teacher's employees, independent contractors or assistants (each, a "Released Party") that I may sustain as a result of participating in the Activities even if the Claim arises from the negligence of Released Party or anyone else.

I agree to indemnify and hold harmless Released Party from any loss, cost, or liability incurred in defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of Released Party or anyone else.

"Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering and distress, or death that I may suffer, my spouse, children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Activity.

6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of any Released Party.

7. I hereby understand that the Teacher from time to time may photograph, video, or otherwise record Activities and place such photographs and videos on its Website or social media platform. I hereby consent to the use of my image that may appear in any such photograph or video.

8. This agreement shall be construed in accordance with, and governed by, the laws of the State of New York and that all actions, suits, claims and proceedings relating to this agreement shall be brought in a court of competent jurisdiction located in Nassau County. In case any provision of this agreement shall be held invalid, illegal or unenforceable, it shall not affect any other provision of this agreement and this agreement shall be construed as if such provision had never been contained herein.

I acknowledge that I have carefully read this agreement and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this agreement, I am giving up substantial rights, including my right to sue and certain legal rights my heirs, next of kin, executors, administrators and assigns may have against any Released Party.

Signature of participant: _____

Date: _____

If participant is under 18:

As legal guardian of _____, I consent to the above.

Release and Waiver of Liability

Signature of parent/guardian: _____

Date: _____