

RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Yoga organized by Christine J. Lewis, Spoken Word Yoga, and Soul FoundNation, Inc. ("CJL, SWY, & SFN, Inc."), of studio address 1227 Southwest 13th Circle, Fort Lauderdale, FL 33315 and business mailing address of PO Box 17986, Plantation, Florida, 33318 and/or use of the property, facilities and services of CJL, SWY, & SFN, Inc., I agree for myself and (if applicable) for the members of my family, to the following:

1. I understand that Yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture, ask for support from the teacher, and continue to breathe slowly and steadily to reduce the probability of injury. I agree to observe, obey, and follow any oral instructions or directions given by CJL, SWY, & SFN, Inc., or the employees, representatives or agents of CJL, SWY, & SFN, Inc.
2. I recognize that there are certain inherent risks associated with physical exercise such as Yoga and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge CJL, SWY, & SFN, Inc. for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of CJL, SWY, & SFN, Inc., whether caused by the fault of myself, my family, CJL, SWY, & SFN, Inc. or other third parties. Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medial conditions. I affirm that I alone am responsible to decide whether to practice Yoga.
3. I agree to indemnify and defend CJL, SWY, & SFN, Inc. against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of CJL, SWY, & SFN, Inc.
4. I agree to pay for all damages to the facilities of CJL, SWY, & SFN, Inc. caused by my or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Florida law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Soul FoundNation, Inc., Spoken Word Yoga, and/or Christine Lewis, RYT.

Dated: _____

Signature _____
e: _____

Participant: _____

Address: _____

_____, _____
In case of an emergency, please call _____ (Relationship: _____)
at _____ Ext. _____ (Day), or _____ Ext.
_____ (Evening).