

(Your information will be kept private and used only by Beyond Van Gogh)

Beyond Van Gogh Yoga - Waiver Form

Please **print** clearly

Name: (first)_____ (last)_____

Phone Number: (____) - ____ - _____

Date of Birth: ____ - ____ - ____ (Optional) m d y

YOUR Email: _____

Emergency Contact Name : _____ Phone # (____) - ____ - _____

Disclosure: List Any/All Physical Ailments Here:

By registering above as a student of Beyond Van Gogh Yoga, I agree to the following in order to attend this special Yoga Event at The Beyond Van Gogh Charleston Art Exhibit.

1. I am aware of the physical risks involved with yoga and understand that it is my responsibility to consult with my physician prior to my participation in any classes or prior to receiving any instruction. I understand yoga is not a substitute for medical treatment. I also understand that if at any time *(Your information will be kept private and used only by Beyond Van Gogh)* during any class or when receiving any instruction from you and/or your associated instructors that I feel discomfort or strain; it is my responsibility to cease the activity and consult with my physician.

2. I have no known medical condition which would prevent me from taking part in yoga classes or receiving yoga instruction. I assume responsibility for any and all risk or injury that I may sustain as a result of my participation. I understand that it is my responsibility to advise you, your staff, and your associated instructors of any physical conditions that may limit my participation in yoga classes, even as they change, and to work only within my limitations.

3. I will not hold Charleston Community Yoga, its owners, associated instructors, or affiliate instructors, or Beyond Van Gogh, its' affiliated companies or partner companies, including its' owners, directors, employees, and independent contractors for any injuries suffered by me whatsoever.

4. I understand that due to the nature of the event and lack of observance available on the part of the instructor during this event, the instructor cannot help access my risk during postures and my safety cannot be their responsibility.

5. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Charleston Community Yoga, its agents, owners, officers, directors, instructors, sponsors, and other participants, Beyond Van Gogh its' affiliated companies or partner companies, including its' owners, directors, employees, and independent contractors as well as any similar claims against the owners, lessor, and lessees of the premises of Beyond Yoga Van Gogh as a result of my participation in this Charleston Community Yoga Event.

6. I agree that Charleston Community Yoga and Beyond Van Gogh is not responsible in the event of loss, damage, unauthorized use, theft, or injury resulting from and to any personal property that I bring onto the premises.

7. I understand that videos, photos and live streaming are taking place during this event. I give permission for the use of all photos, live stream and videos that may use my image to be freely used in Beyond Van Gogh's social media, website, email and print and will be used free and clear of all cost.

8. Without limiting the foregoing, I hereby forever irrevocably release and waive any and all claims against Charleston Community Yoga and Beyond Van Gogh, inclusive of its' partners and affiliates, owners, directors, employees and independent contractors, resulting from any cause in connection with this Special Yoga Event.

_____initial please

Date: _____

Signature: _____