



Assumption of Risk and Waiver of Liability relating to the Practice of Yoga and/or BioMat sessions

I hereby agree to the following:

I am willingly participating in Yoga Classes, Workshops or BioMat sessions offered by Shine Yoga Va Beach and/or Kacie Steinmetz, LLC. I acknowledge that yoga is a safe practice, but I will listen to my body and engage accordingly.

I recognize that yoga requires physical exertion, may be strenuous and may cause injury; I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Classes, Workshops or BioMat sessions.

I represent and warrant that I have no medical condition that would prevent me from full participation in same.

I agree to assume full responsibility for any risks, damages, known or unknown which might occur as a result of participation in any program.

In further consideration of being permitted to participate in programs, I knowingly, voluntarily waive any claim I, my heirs or legal representation may have against Shine Yoga Va Beach, Kacie Steinmetz, LLC, its subcontractors and employees, for injury or damages that I may sustain as a result in participating in the program and I forever release, waive, discharge and covenant not to sue same for any injury, illness or death cause by their negligence or other acts.

I agree that Shine Yoga Va Beach, its subcontractors and employees shall not be liable for any claim, demand, cause of action on account of personal injury, illness, property damage, or loss of any kind as a result from or related to my use of the facilities or participation in any programs within or without the premises.

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

Name

Signature

Date



Assumption of Risk and Waiver of Liability relating to Coronavirus /COVID-19

It is widely understood COVID-19 is a contagious and extremely dangerous virus which is primarily spread from person-to-person contact. The Centers for Disease Control as well as federal and state governments recommend social distancing as a safety measure. This includes sharing equipment in wellness centers.

Shine Yoga is taking every possible precaution to honor social distancing practices and to clean and sanitize building surfaces and potential shared equipment. We highly recommend members bring and use their own equipment when possible.

However, Shine Yoga cannot *guarantee* that members will not be exposed to the virus that causes COVID-19. It is understood that by practicing yoga in a public place with other people could raise the risk of being exposed.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending class; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the studio may result from the actions, omissions, or negligence of myself and others, including, but not limited to instructors and other participants. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the studio. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the studio, its instructors, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that I am participating in this class at my own risk. To my knowledge, there is no medical reason why I should not take part in this program.

I will not hold Shine Yoga Va Beach or Kacie Steinmetz, LLC responsible should any injury, loss or illness occur as a result of my participation.

Name

Signature

Date