

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

UPDATE due to COVID-19:

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention (CDC), senior citizens and guests with underlying medical conditions are especially vulnerable.

I hereby agree to the following:

1. By visiting Breathe Yoga and Wellness I voluntarily assume all risks related to exposure to COVID-19.
2. That I am participating in Yoga and Pilates classes during which I receive information and instruction about Yoga, Pilates, and health. I recognize that these activities require physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga and Pilates classes. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in classes.
4. In consideration of being permitted to participate in the Yoga and Pilates classes, 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 activities at the studio.
5. In further consideration of being permitted to participate in the Yoga and Pilates classes, I knowingly, voluntarily and expressly waive any claim I may have against Breathe Yoga & Wellness, and/or designated instructor, or any business where the class is located, for any injury, death, illness, or damages that I may sustain as a result of participating in the Program.
6. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Breathe Yoga & Wellness, and/or designated instructor, or any business where the class is located for any injury, illness, damages, or death caused by their negligence or other acts.

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.

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Print Name

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Signature

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Date