

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I _____, hereby agree to the following:

1. That I am participating in Yoga classes, Meditation classes, Health Programs or any Workshops offered by the Sanctuary Wellness Center & Yoga Studio (also known as The Sanctuary Bookstore & Retreat and referred to as 'The Sanctuary') at which time I will receive information and instruction about YOGA, Meditation and health. I recognize that these classes require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these classes, workshops or programs offered. I represent and warrant that **I will always fully inform the instructor if I feel any pain or discomfort or have any medical or pre-existing condition that would prevent my participation or increase the likelihood of injury.**
3. I acknowledge the contagious nature of the **Coronavirus/COVID-19** and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that The Sanctuary Wellness Center and Yoga Studio has put in place preventative measures and has undertaken reasonable steps to lessen the risk of transmission of COVID-19 on its premises. I further acknowledge that The Sanctuary Wellness Center and Yoga Studio cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to staff, and other clients and their families.
4. I affirm that I voluntarily seek services provided by The Sanctuary Wellness Center and Yoga Studio and acknowledge my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I will comply with all set procedures to reduce the spread of COVID-19 while attending this service. I further attest that:
 - a. I have not experienced COVID-19 symptoms in the past 10 days such as Fever, Chills, Cough, Sore Throat, Loss of taste or smell, Nausea or Vomiting, Diarrhea or unusual fatigue, muscle/body aches, headache, congestion, runny nose or shortness of breath.
 - b. I have not traveled internationally within the last 14 days and have not been exposed to anyone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
 - c. I have not been tested positive for COVID-19 in the past 14 days.
5. In consideration of being permitted participation in the classes, workshops or programs offered at The Sanctuary, 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 program. Further, I knowingly, voluntarily and expressly waive any claim I may have against The Sanctuary for injury or damages that I may sustain as a result of my participation in the classes, programs or workshops.
6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue The Sanctuary, its owners, instructors, or representatives for any injury caused by their negligence (perceived or otherwise) or other acts.

I understand that this waiver can be used for future classes, workshops or programs at The Sanctuary. I have read the above Agreement of Release and Waiver of Liability and fully understand its contents and voluntarily agree to the stated terms.

Phone:	<input style="width: 100%;" type="text"/>	Event Or Class: _____
		<i>(enter name of class or event attended)</i>
Email:	<input style="width: 100%;" type="text"/>	

Date: _____ Signature of Participant: _____

If participant is under the age of 18, I as a LEGAL GUARDIAN CONSENT TO THE ABOVE TERMS AND CONDITIONS

Date: _____ Name: _____ Signature: _____