

River Hill Ranch Alpaca Vinyasa Yoga Waiver & Release Form

I recognize and understand that yoga includes physical movements as well as an opportunity for relaxation, meditation, and relief of muscular tension. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support from the instructor. I assume full responsibility for any and all damages, which may incur throughout participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against River Hill Ranch and its instructors and staff.

Please list prior injuries, physical limitations, and/or medical conditions that may affect your yoga experience:

I will make the instructor aware of these listed injuries and/or conditions before the class starts.

I understand that under Kentucky Law (KRS 247 .800 – 247 .810) there is no liability for an injury to or death of a participant in an agritourism activity conducted at this agritourism location if the injury or death results exclusively from the inherent risks of the agritourism activity and in the absence of negligence. By signing, I understand that I am assuming the risk of participating in this agritourism activity.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Kentucky.

I/ We understand and agree to the above terms and conditions.

First, Last Name (Printed):

Signature:

Date: _____

Signature of Parent/ Guardian (If participant is under age 18):

Date:

Please sign me up to receive e-mail notifications about Alpaca Vinyasa Yoga classes.

E-mail: _____