

INDIVIDUAL LIABILITY WAIVER

I understand that any activities I undertake at Art Rocks & Healing Yoga may require strenuous physical exertion that could cause injury, am fully aware of the risks involved and understand it is my responsibility to consult with a physician prior to participation. I hereby agree to assume full responsibility for any manner of loss, injury, claim or damage whatsoever, known or unknown, incurred as a result of same and I, my heirs, executors, administrators or assigns expressly release and forever discharge Art Rocks & Healing Yoga And the Program Instructors,; and waive any claim against them, their shareholders, officers, directors, successors, heirs or assigns for any loss, injury, claim or damage sustained as a result of my attendance and/or participation.

I have read the above release and waiver of liability, fully understand its contents, and voluntarily agree to the terms and conditions stated herein in consideration for those services offered by Art Rocks & Healing Yoga

Participants are aware that there is no coverage for communicable disease (COVID-19) or any other communicable disease

Signature: _____ Date: _____

Please print your name clearly: _____