

Quiet Ground, LLC/Liability Waiver

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Name/Phone Emergency Contact: _____

Medical limitations or Allergies: Y / N

If Yes, please explain: _____

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of yoga, dance, and all movement arts. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Quiet Ground, its officers, agents, employees, instructors, subsidiaries, parent corporations and all affiliated entities (hereinafter collectively referred to as "Quiet Ground").

I hereby agree to release Quiet Ground and hold Quiet Ground harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in yoga, dance, and any form of organized movement.

I am aware that this is a release of liability and an acknowledgment of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and out of my own free will in exchange for the privilege of participation.

I also give Quiet Ground permission to use my picture in or on any form of advertisement for Quiet Ground or a Quiet Ground affiliated event.

Participant Signature Date

Participant's Name