

StudioDEE Integrative Wellness AGREEMENT AND LIABILITY RELEASE

NOTICE

Before participating in this or any other exercise program, I hereby acknowledge that I have been advised to consult with a physician. Are you being seen by a medical doctor for any conditions, i.e. cancer, heart disease, stroke, etc? YES or NO (Please circle). Have you been cleared by your medical doctor to do physical activities like yoga, weight lifting, running, etc? Yes or No (Please circle). _____ (Initials Required). Individuals under eighteen (18) years of age must have a parent or legal guardian give written permission to StudioDEE Integrative Wellness or Deidre Person.

VOLUNTARY PARTICIPATION

I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in StudioDEE's GIRLS Institute sponsored by StudioDEE Integrative Wellness or Deidre Person and understand I may discontinue participation at any time.

ACKNOWLEDGEMENT

I am aware that participation in StudioDEE's GIRLS Institute and all associated activities may be hazardous. I acknowledge that a certain minimum level of physical health, strength, fitness and flexibility will be required to participate in these activities. I am voluntarily participating in these activities with knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities. I assume responsibility for discontinuing any exercise that causes pain and will consult the instructor regarding such discomfort.

RELEASE

In consideration for being permitted to participate in StudioDEE's GIRLS Institute and all associated activities, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue or attach the property of any of the hosts, instructors, organizers or participants in the Girls Empowered™ program, but not limited to those doing business at **StudioDEE Integrative Wellness or with Deidre Person** for injury or damage resulting from my participation in such StudioDEE's GIRLS Institute activity. I release all such hosts, instructors, organizers, and participants, their agents and heirs, from any and all actions, causes of action, lawsuits, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or hereafter may have for any and all injury, illness, loss of damage to property associated with my participation in the yoga class, workshop, event or activity.

I am aware that this program may be photographed or filmed. Participants in the program will not be identified during the filming. All photographs and filming will be oriented from the back of the room and focused on StudioDEE faculty. I hereby consent to the photographing and the recording of my child as a participant or audience member in the program and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by **StudioDEE Integrative Wellness** to reproduce and use said photographs and recordings

I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to StudioDEE's GIRLS Institute activities with **StudioDEE Integrative Wellness** or with Deidre Person and all such hosts, instructors, organizers, and participants.

Printed Name of Participant & Legal Guardian (if participant is under 18yrs of age):

Signature of participant or Legal Guardian: _____

Date: