

StudioDEE 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 or Deidre Person.

VOLUNTARY PARTICIPATION

I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in sponsored by STUDIODEE or Deidre Person and understand I may discontinue participation at any time.

ACKNOWLEDGEMENT

I am aware that participation in all training sessions, yoga, and all other 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 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 program, but not limited to those doing business at **STUDIODEE or with Deidre Person** for injury or damage resulting from my participation in such 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 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 Girls Empowered TMactivities with **STUDIODEE** 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: _____