

## Agreement of Release and Waiver of Liability

This form covers all classes offered by Namchi Bazar. Please fill out the following, being sure to read and initial each paragraph.

I, \_\_\_\_\_, hereby agree to the following:

That I am participating in Pilates, Yamuna® Body Rolling (YBR) Classes, Hypopressives®, Somatics or other Programs or Workshops, offered by Namchi Bazar, during which I receive information and instruction about healthy and safe practice. I recognize that these classes and workshops may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved. \_\_\_\_\_.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Classes, Workshops and Therapies. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these Classes, Workshops & Therapies. \_\_\_\_\_.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. **I agree to inform my instructor/teacher of any physical limitations, physical discomfort and/or injuries before or during classes**, and I take full responsibility for nondisclosure. \_\_\_\_\_.

In further consideration of being permitted to participate in Classes, Workshops, Programs & Therapies, I knowingly, voluntarily and expressly waive any claim I may have against Namchi Bazar for injury or damages that I may sustain as a result of participating in this program. \_\_\_\_\_.

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above. \_\_\_\_\_.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Contact # : \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_