



GENERAL RELEASE OF LIABILITY

I am providing this Release to the companies and people involved in organizing and providing the services I have requested in connection with my travel arrangements.

ACKNOWLEDGMENT – HEALTH & SAFETY

I am aware that any physical exertion may be required to participate in an activity that can activate or aggravate pre-existing injuries, conditions, or congenital defects.

I acknowledge that I should seek medical advice if I know or suspect that my physical condition may be incompatible with the Activities.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Event.

Simply put: I understand that some Activities may require physical exertion and it is my responsibility to make sure I am healthy enough to participate. I will let the host/provider know of any limitations that might cause me harm or injury prior to participating.

ALCOHOL AND ILLEGAL SUBSTANCES

If I use, consume, or am under the influence of alcohol or illegal drugs prior to or while engaging in any Activities, **I ASSUME AND ACCEPT ALL RISKS, DANGERS, AND HAZARDS THAT MAY RESULT FROM THIS INCLUDING THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE, AND LOSS**, even in the event of negligence or fault by FitYogaTherapy LLC or third parties, and will indemnify FitYogaTherapy LLC from any and all liability for any damage to property or personal injury to any third party, resulting from my participation in the

Activities, while, during, or after consumption of illegal drugs or alcohol.

Simply put: If I consume alcohol or illegal drugs before or during my involvement in the Activities I am responsible for any loss, injury, or damage I cause to myself or others.

I AM AWARE OF ANY RISKS, DANGERS, AND ANY HAZARDS ASSOCIATED WITH ACTIVITIES AND THE EVENT.

I am not relying on any oral or written representations or statements made by FitYogaTherapy LLC about the safety of the Activities and Event other than what is stated in this Waiver.

I freely accept and fully assume these risks and the possibility of injury and loss resulting from my participation in the Activities and the Event.

Simply put: I understand and accept the risks of participating in the Activities and the Event. I am relying on the statements about the risk contained in this Wavier as the definitive source of information about the safety of the Activities over any other communications or materials.

PHOTOS AND IMAGES

Photos may be taken by the provider and third parties while on the Event, you agree to the release of these images.

Photos will be shared privately within the group and maybe used with discretion to promote FitYogaTherapy/SoulSister Women Retreats

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

In consideration of **FitYogaTherapy LLC** allowing me to participate in the Event and any related activities I agree:

1. In the event that I, or my next of kin, suffer any loss, damage, expense, or injury from my participation in the Activities INCLUDING THOSE CAUSED BY THE RISKS SPECIFICALLY OUTLINED IN THIS WAIVER, I AGREE TO WAIVE ANY AND ALL

CLAIMS I have or may have in the future against **FitYogaTherapy LLC**

and to **FitYogaTherapy LLC** from any and all liability;

2. **TO HOLD HARMLESS AND INDEMNIFY FitYogaTherapy LLC** from any and all liability for damage to property or personal injury to any third party resulting from my participation in the Event.
3. Any litigation involving the parties to this Agreement shall be brought solely within the Country of the United States and shall be within the exclusive jurisdiction of the Courts of the United States. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives, in the event of my death or incapacity.
4. This Agreement and any rights, duties, and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the United States and no other jurisdiction.
5. I accept **FitYogaTherapy LLC** is not responsible for, nor will I attempt to hold liability for any injury, damage or loss I may suffer on the account of conditions, actions or omissions that are beyond responsible control. I agree this waiver includes any third party activities.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT PRIOR TO SIGNING BELOW
CONFIRMING MY AGREEMENT.**

I am aware that by signing below I am releasing certain legal rights which I may have against **FitYogaTherapy LLC**.

Electronic signature accepted

Date: _____

Signed: _____

Name: _____

COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which FitYogaTherapy LLC adheres to comply with.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- I am aware of the existence of the risk on my physical appearance to the venue and my participation in the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
- I did not, nor any member of my household, visit any area within the United States or another country that was reported to be highly affected by COVID-19, in the last 30 days .
- I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may in any case be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be

sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

- I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Electronic signature accepted

Date: _____

Signed: _____

Name: _____