

WAIVER OF LIABILITY



I, _____, hereby acknowledge and agree to the following terms and conditions in consideration of being allowed to participate in the wellness sessions organized by Heart-ga Yoga & Wellness Inc. in partnership with the Volente Fire Department ("Organizers") in Volente, Texas.

- **Assumption of Risk:** I understand that participating in wellness sessions may involve physical activity, including but not limited to stretching, yoga, meditation, and other exercises. I acknowledge that such activities carry inherent risks of physical injury, and I voluntarily assume all risks associated with my participation.
- **Health Status:** I certify that I am physically fit and have no medical condition that would prevent my full participation in the wellness sessions. I agree to inform the Organizers of any medical conditions, injuries, or physical limitations that may affect my ability to participate safely.
- **Release of Liability:** I hereby release, waive, discharge, and covenant not to sue the Organizers, their officers, employees, volunteers, or agents from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me during or as a result of my participation in the wellness sessions, whether caused by the negligence of the Organizers or otherwise.
- **Indemnification:** I agree to indemnify and hold harmless the Organizers from any and all liabilities or expenses, including attorney fees, arising from or in connection with my participation in the wellness sessions or any breach of this waiver.
- **Photographic Release:** I grant the Organizers the irrevocable right and permission to photograph or record me during the wellness sessions and to use such photographs or recordings for promotional purposes without compensation to me.
- **Emergency Medical Treatment:** In the event of an injury or medical emergency, I authorize the Organizers to obtain necessary medical treatment for me and agree to be responsible for any associated medical expenses.
- **Governing Law:** This waiver shall be governed by and construed in accordance with the laws of [Your State/Country], without regard to its conflict of laws principles.
- **Severability:** If any provision of this waiver is held to be invalid, illegal, or unenforceable, the validity, legality, and enforceability of the remaining provisions shall not be affected or impaired.

By signing below, I acknowledge that I am over age of 18, have read, understand, and voluntarily agree to this Waiver of Liability for Wellness Sessions.

Participant's Signature: _____

Date: _____

Participant's Printed Name: _____

[If the participant is under 18 years of age, a parent or legal guardian must sign and **remain with minor at all times**]

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____