## **Yoga Retreat Waiver**

I certify that I am physically fit, have sufficiently prepared or trained for participation in this all inclusive yoga treat hosted by Mariel Freeman and Three Queens Yoga at the Shambala Petit Hotel (the "Yoga Retreat"), and have not been advised to forego participation in the Yoga Retreat by a qualified medical professional. By signing this Waiver, I certify that there are no known health-related reasons or problems which preclude my participation in this Activity.

I acknowledge that this Accident Waiver and Release of Liability Form (the "Waiver") will be used by the event holders, sponsors, and organizers of the Yoga Retreat in which I may participate, and that it will govern my actions and responsibilities at the Yoga Retreat.

In consideration of my application and non-refundable deposit as well as my participation in the Yoga Retreat, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity,

THE FOLLOWING ENTITIES OR PERSONS: **Mariel Freeman Yoga Inc dba Three Queens Yoga, Mariel Freeman**, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; and

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE **Mariel Freeman Yoga Inc dba Three Queens Yoga, Mariel Freeman**, for any and all claims made or damages resulting from my participation in the Yoga Retreat.

Finally, I acknowledge that **Mariel Freeman Yoga Inc dba Three Queens Yoga, Mariel Freeman,** and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

Name (printed)

Name (signature)

Date