

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____ (print name), hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by PRISM WELLNESS & YOGA doing business as (dba) St Pete Aerial Yoga, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, 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.
4. In further consideration of being permitted to participate in the Yoga Classes, Health Programs and Workshops, I knowingly, voluntarily and expressly waive any claim I may have against PRISM WELLNESS & YOGA dba St Pete Aerial Yoga for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue PRISM WELLNESS & YOGA dba St Pete Aerial Yoga for any injury or death caused by their negligence or other acts.
6. This liability waiver and release extends to the studio together with all owners, partners, and employees.
7. I have read and understand the contraindications for taking Aerial Yoga Classes at The Centre SPB.
I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date

Signature of Participant

PHOTO RELEASE FORM

I, _____ (print name), hereby agree to the following:

1. I consent and authorize Prism Wellness and Yoga, doing business as (dba) St Pete Aerial Yoga to use my likeness in any photograph, video or other digital media ("Photos") in any and all of its publications, including print or web-based publications.
2. I understand and agree that all photos are property of Prism Wellness and Yoga dba St Pete Aerial Yoga and will not be returned to me. Copies of retained Photos are available upon written request.
3. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.
4. I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly, and voluntarily signing.

Date

Signature of Participant

COVID-19 LIABILITY WAIVER

I, _____ (print name), hereby agree to the following:

1. I acknowledge the contagious nature of the Coronavirus/COVID-19 and public health authorities recommend practicing physical distancing.
2. I further acknowledge that Prism Wellness & Yoga dba St Pete Aerial Yoga has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Prism Wellness & Yoga dba St Pete Aerial Yoga cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, studio staff, and other studio clients and their families.
3. I voluntarily seek services provided by Prism Wellness & Yoga dba St Pete Aerial Yoga and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending a class.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19.
- * I am following all Center for Disease Control (CDC) recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Prism Wellness & Yoga dba St Pete Aerial Yoga harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the studio, or that may otherwise arise in any way in connection with any services received from Prism Wellness & Yoga dba St Pete Aerial Yoga. I understand that this release discharges Prism Wellness & Yoga dba St Pete Aerial Yoga from any liability or claim that I, my heirs, or any personal representatives may have against the studio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Prism Wellness & Yoga dba St Pete Aerial Yoga. This liability waiver and release extends to the studio together with all owners, partners, and employees.

Date

Signature of Participant

Phone or email (for contact tracing purposes only, if needed): _____