

Agreement of Release and Waiver of Liability of Spynga Inc.

*Name of Participant _____ Key Tag # _____

Address _____ City _____ Postal Code _____

Home phone # _____ *Mobile phone # _____

Date of Birth (m/d/y) _____ *Email Address _____@_____.

If you consent for us to send you our future newsletter, promotional information, and notifications of our programming, please initial below. Your email will no be shared with others as we will always respect your privacy. **INITIAL** _____

Are you on **facebook**? Should we add you as a friend? (Circle) yes / no Twitter Account @_____

***Please list any conditions, injuries and allergies (topical and food) that the instructors and/or therapists should be aware of:**

***Emergency Contact Name:** _____ **Phone #** _____ **Relationship** _____

***HOW DID YOU HEAR OF SPYNGA? (CIRCLE BELOW)**

google / facebook / twitter / instagram / doorhanger / flyer / newspaper / signage / postcard / lululemon / an event / word of mouth

Other (please list) _____ (if referred by a spynga client, please list name here).

Restrictions & Precautions

Never practice any yoga techniques under the influence of alcohol or mind altering drugs.

Those with disabilities, severe, acute or chronic medical conditions should consult both with their medical practitioner and their yoga teacher to assess any dangers or challenges which may arise.

Please consult your doctor if you have any of the following conditions prior to starting this program: asthma, heart problems, high blood pressure, low blood pressure, pregnancy, carpel tunnel syndrome, neck injury, back pain or injury, knee injury, diabetes, and insomnia, osteoporosis, Sciatica, and Depression/Anxiety

It's best to practice on an empty stomach (especially don't eat a big meal 2 hours prior to class)--the body functions with a lot more ease if it is not also busy digesting food.

Proceed slowly and carefully. Follow the instructions exactly.

Never force or strain. Relax briefly between each practice. Remember the golden rule: "If it's uncomfortable – DON'T DO IT"

The below must be filled out by the parent or guardian of the participant, if participant is under 18 years

I, _____ hereby agree to the following;

That I am participating in the Yoga, Cycling and Strength classes, Health Programs, or Workshops offered by SPYNGA INC. during which I will receive information and instruction about yoga, cycling, strength and health. I recognize that yoga, cycling and strength training requires physical exertion which may be strenuous and may cause 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 the Yoga, Cycling or Strength Classes, Health Programs, or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation in the Yoga, Cycling and Strength Classes, Health Programs, or Workshops.

I have read the attached Restrictions and Precautions prior to participating in the Yoga, Cycling and Strength Classes, Health Programs, or Workshops and fully understand its contents.

In consideration of being permitted to participate in the Yoga, Cycling and Strength Classes, Health Programs, or Workshops, I agree to assume full responsibility for any risks, injuries, or damages known or unknown which might incur as a result of participating in the program.

In further consideration of being permitted to participate in the Yoga, Cycling and Strength Classes, Health Programs, or Workshops, I knowingly, voluntarily, and expressly waive any claim I may have against SPYNGA INC., for injury or damages that I sustain as a result of participating in the program. I and my heirs or legal representatives forever release, waive, discharge, and covenant not to sue SPYNGA INC., for any injury or death caused by negligence or other acts.

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.

Signature: _____

Name of Signee (please print): _____

Date: _____

Witnessed By: _____