

WASHINGTON COUNTY MUSEUM OF FINE ARTS

Yoga Nights at the Museum

Waiver and Release Form

2018

Name _____

Address _____ Apt. _____

City _____

State _____ Zip _____

Phone _____

Email _____

Sign me up for Museum weekly newsletters with information about classes, events, and exhibitions. _____

Emergency Contact Name _____

Emergency Contact Relation _____

Emergency Contact Phone _____

I understand that yoga includes physical movement and, as is the case with any physical activity, the risk of injury of any kind is possible and cannot be entirely eliminated. If I experience any pain or discomfort while participating in Yoga Night at the Museum, I will immediately stop and notify the instructor. By signing this waiver, I affirm that my health has been verified to allow participation in Yoga Nights at the Museum. I will notify the instructor of any medical conditions, physical limitations, pregnancy, etc. before class begins. I hereby assume full responsibility for any and all damages which may incur through participation and hold The Washington County Museum of Fine Arts, its employees, representatives, and class instructors forever harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me. I hereby release, waive, discharge, and covenant not to sue and hold harmless from any and all liability, claims, costs, and expenses whatsoever arising out of or related to any loss, damage, or injury that may be sustained in the Yoga Nights at the Museum.

Signature _____

Date _____

In signing the Waiver and Release Form, the undersigned acknowledges that he/she has carefully read and understood this agreement. Furthermore, the undersigned understands that he/she is waiving any rights to file a law suit or initiate a claim procedure in respect to recovering for any personal injuries, property damages, or losses sustained by the undersigned. Further, the undersigned agrees that this agreement shall be binding upon all parties hereto.