



NORTH BAY VILLAGE YOGA REGISTRATION & WAIVER AGREEMENT

I _____ (**print name**) certify that I am interested in attending yoga classes at North Bay Village City Hall. I understand that the classes will be taught by a private yoga instructor and that North Bay Village is merely providing space in order to provide residents the opportunity for recreation. I further understand that as is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. By signing this waiver, I acknowledge that participation in yoga classes exposes me to possible risk of personal injury, that I am fully aware of this risk, and in consideration for the public service and the educational benefits to be received from the classes, I hereby release North Bay Village, its commissioners, employees, and agents from any and all liability for property damage, bodily harm, personal injury, or other claims arising out of or in any way connected with my participation in yoga classes or malfunction of any equipment used while participating in yoga classes at North Bay Village City Hall. I further agree to hold North Bay Village, its commissioners, employees, and agents harmless from any and all rights or claims to damages, or other legal or equitable relief, arising out of my own acts or omissions while participating yoga classes at North Bay Village City Hall. I further agree that I will comply with the rules of the yoga class, which are attached and incorporated by reference into this agreement.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against North Bay Village, its commissioners, employees, or agents; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. I fully understand that it is my responsibility to obtain any medical releases or authorization from my physician that I may need prior to participating in the yoga classes. I further maintain that I am in good medical condition and physical health and my signature verifies that I am participating in yoga classes with my doctor's full approval. My signature is binding to this liability waiver from this day forth.

Print Name

Residential Address

Date of Birth

Email address

Telephone number

Cell Telephone number

Witness

Signature

Date

Evening Session _____

Resident _____

Guest _____

Employee _____