



The SUP Yoga Experience

(This waiver **must** be filled out and either emailed to (connect@holistichippie.com) or hand given to the instructor before departure of class or Tour.)

Waiver of Liability

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in the yoga classes, group class, private, Tours and stand up paddle board, workshops, and/or health programs offered at The SUP Yoga Experience. I recognise that yoga and paddle boarding requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, group classes, private, tours and paddle board, health programs or workshops. I represent and warrant that I am physically fit and know how to swim, have no medical conditions which would prevent my full participation in the yoga classes, group classes, private, tours and paddle board, health programs or workshops.
3. In consideration of being permitted to participate in the yoga classes, group classes, private, tours and paddle board, 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 my participation.
4. In further consideration of being permitted to participate in the yoga classes, group classes, tours private and paddle board, workshops or health programs, I knowingly, voluntarily and expressly waive any claim I may have against The SUP Yoga Experience, the individual teachers of the facility, or the owner of the facility for injury or damages that I may sustain as a result of my participation.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue The SUP Yoga Experience for any injury or death caused by their 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 of participant: _____

Date: _____.