Tracy Darnell, RYT-200
Owner of Pop · Ins Yoga, LLC

YOGA LIABILITY

PARTICIPANT WAIVER AGREEMENT

I _____ (print name) am aware that participation in yoga includes physical movements or exercise as well as an opportunity for relaxation, stress, and relief of muscular tension and may result in accident or injury; I assume the risk connected with the participation in Yoga. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from Pop · Ins Yoga, LLC. By signing this waiver form, I agree that I am in good health and suffer from NO physical impairment which would limit the physical activity, exercise or Yoga performed at Greater Lansing Aesthetic Medicine (GLAM) with Pop · Ins Yoga, LLC. I acknowledge that Pop · Ins Yoga, LLC and Greater Lansing Aesthetic Medicine (GLAM) have not and will not render any medical services including medical diagnosis of my physical condition.

I agree that Pop · Ins Yoga, LLC and Greater Lansing Aesthetic Medicine (GLAM) shall not be liable for any claim, demand, and cause of action of any kind resulting from or related to my use of the facilities or participation in yoga within or without the business premise, and I agree to hold Pop · Ins Yoga, LLC and Greater Lansing Aesthetic Medicine (GLAM) at 1410 Turner Street Lansing, MI 48906 harmless from the same.

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

SIGNATURE OF PARENT OR GUARDIAN (if participant is not 18 years of age) DATE