

TULA WEST WAIVER FORM

First Name: _____ Surname: _____

Gender: Female Male Occupation: _____

Mailing Address: _____

Home Phone: _____ Business: _____

Email: -----

How did you hear about us? _____

What are your fitness and wellness goals? _____

Any previous injuries? Yes No

If yes, please list: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISKS & INDEMNITY AGREEMENT. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE.

AWARENESS AND ASSUMPTION OF RISK

I am aware that activities, including yoga, involves risks including risk of personal injury. Included in these risks are negligence on the part of Tula West Inc. and all other related, associated or subsidiary corporations together with all their respective owners, instructors, leaders, officers, employees, agents, contractors, officials and volunteers, other participants and owners of the facilities where the activities occur (collectively the "Releasees"). While particular rules, equipment and personal discipline may reduce risk of injury, I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including the loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Tula West Inc. accepting my application to participate in yoga and other activities:
I hereby waive any and all claims I may have in the future against the Releasees.

1. I hereby release, discharge and hold harmless the Releasees, jointly and severally, from any and all actions, causes of action, statutory rights or remedies, and demands of every nature and kind and in particular any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer arising or in any way connected to my participation in yoga and other activities, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
2. I acknowledge that it is my responsibility to consult a physician prior to the commencement of any participation in yoga and other activities.
3. I agree to indemnify and save harmless the Releasees, jointly and severally, from any and all liability for any damage to or loss of property of, or personal injury to, any third party, arising or in any way connected to my participation in yoga and other activities.
4. I agree that this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS ENTIRE AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST TULA WEST INC. AND OTHERS.

Signed this _____ day of _____, 200__.

Signature of Witness

Signature of Applicant or Legal Guardian(if under 18 years of age)

Please Print Name Clearly

Please Print Name Clearly