



**Release Form**

In consideration of my being permitted to receive yoga instruction and/or participate in yoga classes provided by Peace Yoga Studio LLC and for other good and valuable consideration, the undersigned (“Releaser”) acknowledges and agrees to the following:

Releaser desires to obtain yoga instruction and participate in yoga classes conducted by all instructors at Peace Yoga Studio LLC. Releaser recognizing the inherent physical demands of yoga and the ancillary opportunity for physical injury associated with or otherwise resulting from yoga activity.

Releaser accepts and takes unto him/herself responsibility for any injury, damage, death and other occurrence resulting from yoga instruction provided by instructors at Peace Yoga Studio.

Releaser does hereby agree and covenant that he/she will not, at any time, threaten to sue, or bring action against any instructor and Peace Yoga Studio LLC by reason of any claim for injury, damage, or death arising out of or resulting from yoga instruction. Releaser does hereby release and discharge all instructors and Peace Yoga Studio LLC from any and all claims, actions, suits, whether at law or in equity, in contract, or in tort, arising from any injury, damage, death or other occurrence associated with or in connection with Releaser’s participation in yoga instruction.

Releaser understands Peace Yoga Studio makes no warranties, representations, or guaranties of any kind of nature with respect to Releaser’s physical health, ability to practice yoga or the ability or judgement of Releaser.

This release is binding upon Releaser and Releaser’s parents, heirs, personal representatives, successors and assigns. This Release releases Diane Sutrick and her directors, officers, employees, agents, successors and assigns.

This release shall be governed by and construed and enforced in accordance with the laws of the State of Wisconsin excluding any applicable choice of law provision. The Releaser consents to and waives any objection to, the jurisdiction and venue of the Circuit Courts sitting in Waukesha County, Wisconsin.

I, the undersigned Releaser, affirm that I am at least 18 years of age and am freely signing this agreement. I have read the Release and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of receiving yoga instruction. I understand the purpose of this release and agree to its terms.

Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(PLEASE PRINT)

E Mail Address \_\_\_\_\_

Any injuries or limitations that we should be aware of \_\_\_\_\_

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