

**Medical Information and Release for Sangha Studio  
Burlington + Williston, Vermont and Plattsburgh, NY**

**DATE OF VISIT:** \_\_\_\_\_ **// CLASS ATTENDED:** \_\_\_\_\_

Name (First and Last):	
Date of Birth:	Phone Number:
Email:	
Emergency Contact Name:	Emergency Contact Phone Number:
Please list any medication issues or movement limitations we should know about (including pregnancy):	

**Waiver and Release**

In consideration of my enrollment as a student of Sangha Studio, I represent and agree to the following:

**COVID-19 SPECIFIC:**

(1.1) I understand there is an inherent risk of exposure to COVID-19 and all communicable diseases exist in any public place where people are present. **Every time I participate in Sangha Studio programming, I am affirming that I am healthy, have followed state and CDC guidelines surrounding COVID-19 and other communicable diseases, and that I agree to follow any and all studio procedures for taking classes with Sangha Studio.** I acknowledge that these procedures may change, and understand that I may be asked to leave Sangha Studio programming if I do not follow these procedures. I acknowledge it is my responsibility to find and read these procedures before attending classes with Sangha Studio.

(1.2) In a shared commitment to keep Sangha Studio students, staff and volunteers and other representatives safe and protected, Sangha Studio has put in place preventative measures to reduce the spread of COVID-19; however, Sangha Studio cannot guarantee that I will not become infected with COVID-19 or other communicable diseases. **By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 or other communicable diseases by participating in classes at Sangha Studio** or in participation in Sangha Studio programming, and that such exposure may result in personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed or infected by a communicable disease at Sangha Studio may result from the actions, omissions, or negligence of myself and others, including but not limited to, Sangha Studio employees, students, volunteers, and their families. On my behalf, my heirs, and any personal representatives, I hereby release covenant not to sue, discharge, and hold harmless Sangha Studio, its employees, volunteers, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto COVID-19 and all other communicable diseases.

(2) I have been **examined by a physician within the past year** and have been found by such physician to be in good physical health and am fully able to perform all yoga exercises which I am to learn and perform at Sangha Studio.

(3) I will faithfully allow all instructions to be given to me as to when, where and how to perform yoga exercises, it being understood by me that my **participation in yoga exercises at Sangha Studio and/or hosted by Sangha Studio at any location shall be at my own risk.**

(4) I understand that correct execution of certain yoga postures may require hands-on assistance to ensure proper form; **I will notify the teacher prior to the start of class if I want to decline such hands-on assistance.**

(5) I have discussed on this form all physical problems and conditions that may restrict or otherwise affect my activity, and I am able to undertake the yoga exercises and related activities as provided by Sangha Studio. ***I understand that if my condition changes in subsequent visits that it is my responsibility to inform my teacher at that time.***

(6) I understand that ALL physical exercise programs, including in-person and virtual, have inherent risks and that before undertaking the exercise program at Sangha Studio I should consult a physician as to the appropriateness of my proposed activities. ***I further understand that Sangha Studio is not a medical facility and is not equipped or staffed to advise, administer or otherwise assist me in the implementation of a physical therapy program:*** that I should obtain such services through a physician or other authorized medical personnel.

(7) ***I fully acknowledge the risk of injury from activities involved in any and all in-person or virtual programs*** at Sangha Studio is significant, including potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk for serious injury and death does exist. I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of the release of others and assume full responsibility for my actions.

(8) ***I understand the fee paid herewith is non-refundable and non-transferable.***

(9) ***I understand that some workshops and special events hosted by Sangha Studio may not be covered under insurance and I waive all liability for these such events.*** Examples include events relating to ayurveda, sound healing, essential oils, and any other events above and beyond the definition of 'yoga' as per Sangha Studio's insurance: someone who guides clients in the theories of physical poses and mental images to obtain a state of tranquility in the body and mind.

(10) ***I allow any photos to be released in print or online, should I not agree to this, I will inform studio management.***

(11) ***I understand that educational instruction taught by Sangha Studio is not covered under their general professional and liability policy and I am participating in said program regardless.*** All instructors leading training have the qualifications to be leading training, regardless, educational instruction is not covered under Sangha Studio's policy.

(12) **This waiver applies to any Sangha Studio offerings made available online, live or recorded.**

(13) I am aware and accept that my studio profile may no longer have a signed waiver prior to July 2020 due to a software wipe and accept this waiver for any programming I have attended during that time regardless and release all liability prior to the date of this newly signed document regardless.

I WILLINGLY AGREE AND COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION. I WAIVE AND RELEASE SANGHA STUDIO, ANY AND ALL INDEPENDENT CONTRACTORS AND LEASED FACILITIES FROM ANY AND ALL CLAIMS, COSTS, LIABILITIES, EXPENSES OR JUDGEMENTS, INCLUDING ATTORNEY FEES AND COURT COSTS ARISING OUT OF MY PARTICIPATION IN THIS EXERCISE PROGRAM. I FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, HEREBY RELEASE AND HOLD HARMLESS SANGHA STUDIO, CAITLIN PASCUCCI, CLAIRE PASCAL, AND ANY AND ALL INDEPENDENT CONTRACTORS AND THEIR LEASED FACILITIES, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, OWNERS AND LESSORS OF THE PREMISES USED TO CONDUCT THE EVENTS, "RELEASEES", AND WITH RESPECT TO ALL AND ANY INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

My signature below indicates I have read and understand the above Waiver and Release form, fully understand the terms, understand that I have given up substantial rights by signing it, and sign if freely and voluntarily.

Printed Name\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent's Name/Signature if under 18\_\_\_\_\_