

BEYOND BOUNDARIES INSTITUTE PARTICIPANT AGREEMENT

PLEASE PRINT

NAME

ADDRESS

CITY

STATE

ZIP

PHONE (H)

PHONE (W)

EMAIL

REFERRED BY

EXPERIENCE WITH YOGA?

BIRTH DATE

In consideration of and as an inducement to you enrolling me as a student of Beyond Boundaries Institute, 705 E. Mendenhall St. Bozeman, Mt. 59715, I represent and agree as follows:

Participation in yoga exercises carries some risk depending on ones particular medical and physical condition and ones ability to properly perform the yoga instructions provided to me. In consideration of the services that Beyond Boundaries Institute has rendered or will render, I represent and acknowledge my understanding that yoga instruction and yoga exercises may involve some risk to me that could result in physical injuries to me.

Accordingly, I understand and acknowledge the following:

1. I should consult with my physician or healthcare provider before enrolling as a student at Beyond Boundaries Institute to determine whether the yoga exercises that will be performed in this class would endanger or jeopardize my health and safety as a result of my physical or medical condition.
2. I understand that Beyond Boundaries Institute and its agents are not qualified to determine whether the yoga exercises that will be performed in this class would endanger or jeopardize my health or safety as a result of my physical or mental condition.
3. By registering for this class, I certify that I do not have any physical or medical conditions that could interfere with or affect my safety in this activity, or I am willing to assume such risk(s). **I agree to release and not to sue Beyond Boundaries Institute and its agents, owners, officers, directors, and employees from all claims arising from the risks inherent in my participation in this yoga class. I also agree to indemnify and hold harmless Beyond Boundaries Institute and its agents, owners, officers, directors, and employees from all such risks, and the consequences of such risks, including reasonable attorney fees and costs,** that may be created, directly or indirectly, by my physical or medical condition.

Signature (Do Not Print)

Date

Note: Anyone under 18 years of age must have signature of a parent or guardian.