



Sarah Ireland/One Good Om Yoga
Information, Waiver & Release

Name: _____ Date: _____

Date of Birth: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/other: _____

Emergency Contact: _____ Phone: _____

How did you hear about Sarah Ireland/Sarah Ireland Yoga?

Friend Google Social Media Website Other

Waiver & Release:

1) I represent that I am physically capable of participating in any and all activities provided by Sarah Ireland/One Good Om (OGO), which may include, but not be limited to yoga postures, exercise, nutrition, outdoor activities, acrobatics, stretching and breathing exercises (the "Activities"). I understand that the Activities can be strenuous and subject to risk of serious injury and undertake participation in the Activities ENTIRELY AT MY OWN RISK. I understand that the Activities should not be undertaken without the consent of a medical doctor and I am responsible for undertaking to obtain such consent. I further take full responsibility for knowing and acting within my abilities while participating in the Activities and learning and implementing any modifications needed to make the Activities safe and appropriate for me.

2) I agree that OGO and its directors, officers, employees, contractors, agents and assigns shall not be liable or responsible for any injuries to me which may occur as a result of (a) my use of all amenities and equipment provided by OGO and my participation in the Activities, (b) the sudden and unforeseen malfunctioning of any equipment and (c) my slipping and/or falling while in the facility, or on OGO premises, including adjacent sidewalk areas. I agree that OGO is also not responsible for any loss of or damage to, personal property.

3) I expressly agree to release and discharge OGO and its directors, officers, employees, agents, contractors, affiliates, representatives, successors, assigns and instructors from any and all claims, causes of action or judgments that may arise out of the Activities and I agree to

voluntarily forfeit or waive any right that I may otherwise have to bring a legal action against OGO for personal injury or property damage. TO THE EXTENT THAT STATUTE OR CASE LAW DOES NOT PROHIBIT RELEASE FOR ORDINARY NEGLIGENCE, THIS RELEASE APPLIES TO ANY ORDINARY NEGLIGENCE ON THE PART OF OGO, ITS AGENTS, OFFICERS, DIRECTORS, CONTRACTORS, ASSIGNS, AFFILIATES, REPRESENTATIVES, SUCCESSORS, INSTRUCTORS AND EMPLOYEES.

Yoga and Lifestyle Services:

Class/private/group/workshop sessions (Classes) are performed at previously scheduled times and locations.

Payment, Refund & Cancellation Policy:

A) Payment for all products, services and special programs is required in full at the point of sale. All sales are final, all payments for products and services are nonrefundable, all passes expire upon a specified time-period and services are non-transferable.

B) Individually booked sessions must be cancelled at least 24 hours in advance; full payment will still be required for sessions cancelled less than 24 hours in advance.

C) Persons enrolled in a prepaid, group, multiple-week course of study will not be reimbursed for any missed sessions and there will be no make ups for missed sessions.

D) OGO reserves the right to terminate an individual's enrollment in any program or membership at any time. If such termination is due, in the sole judgment of OGO, to the unsafe, disruptive, uncooperative, negligent, reckless or otherwise improper acts or omissions of, or violation of any policy or rule is effected by OGO for reasons other than those set forth immediately above, i.e. a service must be cancelled midterm, a prorated refund will be issued not later than 45 days after cancellation.

I expressly agree that this release shall be binding upon my heirs, executors, administrators and assigns. By signing this Waiver & Release, I acknowledge that I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Name: _____ Signature: _____

Date: _____