

**SUGARS BRIDGE FARM YOGA WAIVER & RELEASE FORM**

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

I am actively aware of the risk(s) of my/my child’s participation in a class/activity on a farm and working around livestock, which includes alpacas, ducks, chickens, and any other animals on Sugars Bridge Farm, LLC property. I assume all foregoing risk of my/my child using Sugars Bridge Farm, LLC property, and accept personal responsibility for damages from my/my child’s use, including, but not limited to injury, disability, or death.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I/my child experiences any pain or discomfort, I/my child will listen to my body, discontinue the activity, and ask for support from the instructor. I/my child will continue to breathe smoothly. I assume full responsibility for any and all damages which may incur through my/my child’s participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of my/my child’s medical conditions or physical limitations before class. If I am/my child is pregnant, become pregnant or I am/my child is post-natal or post-surgical, my signature verifies that I have my/my child’s physician’s approval to participate. I also affirm that I alone am responsible to decide whether I/my child will practice yoga. I hereby agree to irrevocably release and waive any claims that I or my heirs have now or may have hereafter against Sugars Bridge Farm, LLC and its instructors.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the Commonwealth of Pennsylvania.

I understand that while participating in this activity, I/my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by Sugars Bridge Farm, LLC, activity holders, producers, sponsors, organizers, and assigns.

Please Initial one of the following

\_\_\_\_\_ I Do \_\_\_\_\_ I Do Not

authorize Sugars Bridge Farm, LLC, to publish photographs taken of myself and/or the minor child or children listed above, and our names and likenesses, for use in Sugars Bridge Farm, LLC’s print, online and video-based marketing materials, as well as other Company publications. By checking “I Do”, I acknowledge that participation is voluntary and that neither I/the minor child will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I hereby release Sugars Bridge Farm, LLC, its members, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my/my child’s participation. I understand that this agreement contains a promise not to sue Sugars Bridge Farm, LLC or their members or employees.

\_\_\_\_\_  
Participant’s Printed Name (Please print legibly) Age

\_\_\_\_\_  
Name Parent/Guardian’s Signature Date Parent/Guardian Printed  
(Please print legibly) (If under 18 years old, Parent or Guardian must also sign)