

Vino and Vinyasa Waiver of Liability

I agree to participate in the activities being provided by Heather J. Eddy YTT-200 at Vino di Piccin Winery & Tasting House. I understand that if for any reason I am unable to or think it unwise to engage in any activity being suggested, I am under no obligation to engage in such activity nor will I hold Heather J. Eddy of Vino di Piccin Winery & Tasting House, or its respective agents (i.e., directors, officers, employees, independent contractors, service providers and any third parties acting on its behalf), liable for any damage, injury or harm sustained from choosing to engage in any activity. I also understand that there are unanticipated risks during any activity. I hereby assume all risks of injury to me and my property, which may be sustained in connection with these yoga activities. I agree that, if I need medical attention, Vino di Piccin Winery & Tasting House has the authority and discretion to contact emergency services. Any costs incurred for such services are my sole responsibility. If I am unable to continue in an activity for any reason, I may be asked to stop or leave. By signing below, I hereby acknowledge that I have read, understand and agree to this document and that I have had the opportunity to ask any further questions I may have had related to this document prior to signing below. I also represent that I am of legal age and signing this document of my own free will.

I, _____, release _____ Vino di Piccin Winery & Tasting House _____ and
(client) (practice space)

Yoga Instructor _____ Heather J. Eddy _____ from any responsibility and/or liability
(instructor)

concerning the application, processing, and/or consequences of yoga activities in which I elected to participate. I consent to have the above described yoga services of my choice applied.

Understanding the risks of repetitive movements and yoga activities, I release __ Vino di Piccin Winery & Tasting House and Heather Eddy____, its

employees and its agents harmless against any and all liability, damage, and/or expenses arising out of or in connection with actions, claims, and/or damages resulting in personal injuries and disabilities (physical and/or psychological) or transmission of a communicable disease that I might incur as a result of the service provided today and I agree to voluntarily participate understanding these risks and their outcomes.

I, _____, also affirm that understanding the above described activities that I am
(client)

healthy enough to participate.

DATE: _____

Client: _____
Signature Print Name

Instructor: _____
Signature Print Name