



# yoga me fit

INTEGRATING RADIANT HEALTH

## WAIVER & RELEASE FORM

I understand that Yoga and fitness related classes and Yoga and fitness related facilities may involve inherent risks including, but not limited to physical activity which may result in bodily injury. In consideration of Lynn Geddes and Yoga Me Fit, LLC, and Reflections Enterprise, P.C. DBA Savannah Plastic Surgery accepting this registration, I agree to this release of claims and waiver of liability.

I hereby waive for myself, my heirs, executors, administrators and assigns any and all claims, demands, actions or complaints I may now or in the future have and release from all liability and agree not to sue Lynn Geddes and Yoga Me Fit, LLC and Reflections Enterprise, P.C. DBA Savannah Plastic Surgery, and their respective affiliates, subsidiaries, employees, directors, officers, or agents (collectively referred to as the "Group"), for any damages, costs or losses of any kind whatsoever, including but not limited to damages, costs or losses regarding personal injury, death or property damage sustained, incurred or suffered by me as a result of any act or omission of any of the Group arising out of related participation in Yoga or Fitness related classes or workshops by any of the Group.

I have read this document carefully and understand it will affect my legal rights. I have been provided the opportunity to obtain legal advice prior to signing this document.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2009.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail: \_\_\_\_\_

Witness to signature \_\_\_\_\_

PLEASE NOTIFY IN WRITING OF ANY EXISTING OR PREVIOUS INJURIES, SENSITIVITIES,  
ALLERGIES OR ILLNESS THAT MAY AFFECT YOU TAKING THIS CLASS.