

**RELEASE OF LIABILITY and INDEMNIFICATION
YOGA PROGRAMS, FRIENDS for the ABBOTT MARSHLANDS**

I understand that participation in Gentle Yoga and Marsh Meditation (“**Program**”) as organized by the Friends for the Abbott Marshlands, Inc. (“**Friends**”) includes the possibility of injury to myself or others due to the physical activity involved in the yoga movements. I understand it is my responsibility to consult a health care professional prior to the **Program** if I have any underlying conditions or concerns regarding my ability to participate.

I have willingly opted to participate in **Program**.

IN CONSIDERATION FOR the right to participate in the **Program** and with full knowledge of the possibility of injury as outlined above, and intending to be legally bound, I hereby agree for myself and on behalf of my family and all my heirs, successors and assigns:

1. To RELEASE Friends from any and all liability, claims, demands or any causes of action brought as a result of my participation in the **Program**.
2. To NOT SUE OR OTHERWISE MAKE ANY CLAIM against Friends for any injury or harm that may arise from my participation in the **Program**.
3. To ASSUME FULL RESPONSIBILITY for any risk occurring from my participation in the **Program**.
4. To USE MY BEST EFFORTS to act reasonably and responsibly, and to observe safety procedures during my participation in the **Program**.
5. To INDEMNIFY AND HOLD HARMLESS Friends from all claims, judgments, expenses and costs, including but not limited to attorney's fees, incurred in connection with any claims brought as a result of my participation in the **Program**.
6. TO CONSENT and authorize the Friends or anyone authorized by the Friends, the use and reproduction of any and all photographs taken during participation in the **Program** of me or an individual for who I am the legal guardian, including such purposes as publicity, advertising, and Web content and to use and publish the same in print or electronically without further compensation to me.

Printed Name of Participant: _____

Signature: _____ Date: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

If under 18 years of Age: Date of Birth _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____

Date: _____