

## Tommie Burch LLC

## Release and Waiver of Liability

Name:		Phone:	
Address:		City:	State:
Zip:	_ DOB:	Email:	
Injuries (Past or	Present):		
Emergency Contact:		Pho	ne:
consideration of and as an indu undersigned, in full recognition waive, and release any and all of person or property resulting from and will not hold Tommie Burch participation in Tommie Burch	ucement to enroll and appreciation claims against To om my enrollmen h LLC./Balance by LLC./Balance by enuous, that my p	I as a participant of Tommie Burn of the dangers and risks inhere ommie Burch LLC./Balance by To t and participation in Tommie Bu y Tommie responsible for same Tommie activities is voluntary. I participation is solely at my own	•
Tommie activities. I acknowled examined by a licensed physici that it is my responsibility to ve	ge that it is the re an before enrollinates arbally notify Tom	ecommendation of Tommie Burd ng in Tommie Burch LLC./Baland Imie Burch LLC./Balance by Tom	in Tommie Burch LLC./Balance by ch LLC./Balance by Tommie that I be be by Tommie activities. I understand amie of any physical injuries or medical information pertinent to my
receive instruction in yoga thec	ory, breathwork, a	nd exercise only and will not hole	ee is non-refundable; that I am to d Tommie Burch LLC./UpDog to any olicies posted at <u>www.updogny.com</u> .
have had the opportunity to rev light of the foregoing, I agree to	riew the Release a be legally bound	and Waiver of Liability with an at I by this Release and Waiver of L	f Liability. I further acknowledge that I storney of my choosing if I so desire. In Liability. I also understand and utors, administrators, and assigns.
Participants Signature		Date	
Parent or Guardian Signature if	Participant is Ur	nder 18	