



Tommie Burch LLC

Release and Waiver of Liability

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Injuries (Past or Present): \_\_\_\_\_

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

*Please read the following carefully. If you have any questions, please have them answered before signing this document.*  
In consideration of and as an inducement to enroll as a participant of Tommie Burch LLC. DBA Balance by Tommie, the undersigned, in full recognition and appreciation of the dangers and risks inherent in such physical activity, does hereby waive, and release any and all claims against Tommie Burch LLC./Balance by Tommie.. For any and all damages to my person or property resulting from my enrollment and participation in Tommie Burch LLC./Balance by Tommie activities and will not hold Tommie Burch LLC./Balance by Tommie responsible for same. I understand and admit that my participation in Tommie Burch LLC./Balance by Tommie activities is voluntary. I recognize and understand that activities may be physically strenuous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good physical health and physically capable of participating in Tommie Burch LLC./Balance by Tommie activities. I acknowledge that it is the recommendation of Tommie Burch LLC./Balance by Tommie that I be examined by a licensed physician before enrolling in Tommie Burch LLC./Balance by Tommie activities. I understand that it is my responsibility to verbally notify Tommie Burch LLC./Balance by Tommie of any physical injuries or impairments I have suffered or may currently suffer, as well as any emergency medical information pertinent to my health.

In addition to the foregoing, I hereby acknowledge the following: my paid class fee is non-refundable; that I am to receive instruction in yoga theory, breathwork, and exercise only and will not hold Tommie Burch LLC./UpDog to any higher standard of care; that I have read and hereby agree to follow the studio policies posted at [www.updogny.com](http://www.updogny.com).

I acknowledge that I have read and understand this entire Release and Waiver of Liability. I further acknowledge that I have had the opportunity to review the Release and Waiver of Liability with an attorney of my choosing if I so desire. In light of the foregoing, I agree to be legally bound by this Release and Waiver of Liability. I also understand and acknowledge that this Release and Waiver of Liability also binds my heirs, executors, administrators, and assigns.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature if Participant is Under 18 \_\_\_\_\_