

1) PROCEDURES FOR ATTENDING CLASS @ DOWN DOG FITNESS STUDIO, LLC ( herein DDFS) I understand that to participate in classes at DDFS I may be subject to the following to be allowed into the facility and practice in the studio space, receive services, or purchase inventory items: • A staff member taking my temperature • Social distancing upon entering the studio, using designated markers to ensure I am 6 feet away from others • Wearing a facial covering to protect others upon arrival as advised by state order • Proper hand washing hygiene and use of hand sanitizer as needed • Covering of coughing and or sneezing • Not being of ill health or currently sick • Being asked to leave if I have a fever • Adhering to state mandate if deemed high risk by state, federal and CDC guidelines

RELEASE OF LIABILITY I understand that the risk that I may become exposed to or infected by COVID-19 is my sole responsibility DDFS waives all liability as aforementioned best practices will be followed. I release all liability of DDFS from actions, omissions, or negligence of myself and others, including, but not limited to, DDFS employees, volunteers, participants and their families. I voluntarily agree to assume all foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the studio or participation in DDFS events and/or services. I hereby release liability and hold harmless DDFS, it's employees, agents, and representatives from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of DDFS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Movement Mindfulness and Me activity or admittance into the facility. I understand my responsibility in staying home when ill, informing DDFS of an expected or confirmed case of COVID-19 exposure, maintaining proper hygiene, and following proper social distancing procedures when participating or attending DDFS classes and services.

2) YOGA and FITNESS LIABILITY WAIVER & INTAKE FOR CHILDREN, TEENS and ADULTS I hereby agree to the following: I and/or my child has permission to attend a yoga class from Down Dog Fitness Studio, LLC. (herein DDFS) I and/or my child are participating in classes or services during which we will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my and/or my child's participation in any physical fitness program, including yoga. I represent and warrant that I and/or my child have no medical condition that would prevent us from participation in physical fitness activities. In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I and/or my child might incur as a result of participating in the program. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I and/or my child may have against the instructor, the owner, or the leaseholder of the

building for injuries or damages that I and/or my child may sustain as a result of participating in classes or workshops conducted by DDFS. If I and/or my child participates in other classes or events at DDFS, LLC, I also assume full responsibility for any injuries that may result from our participation, with the same considerations that this waiver stipulates. For classes taken with an instructor that is also a medical professional, my signature below further acknowledges that in this setting the instructor is acting solely as a yoga/ fitness instructor.

3) PHOTO RELEASE: I give my permission DOWN DOG FITNESS STUDIO, LLC (herein DDFS) to use my or my child's image (photo or video) for website, newsletter, social media and teaching seminars. I and/or my child will not be identified by name in such images. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name (PRINT) (Parent's or Guardian's if applicable) \_\_\_\_\_

Signature (Parent's or Guardian's if applicable) \_\_\_\_\_

Phone Number (Parent's or Guardian's if applicable) \_\_\_\_\_

Emergency Phone Number (Parent's or Guardian's if applicable) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any medical concerns your yoga or fitness instructor should be aware of:

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