

WAIVER (covering programs at each location)

1. I understand that participating in this event is a potentially hazardous activity. I should not enter unless I am medically able. I assume all risks associated with participating in this event;

2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;

3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume all full responsibility for my participation;

4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of volunteer organizers immediately; and

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the instructor, City of Marion, YMCA of the Cedar Rapids Metropolitan Area, Be Well Marion, Vella Yoga (Downdogs in Uptown) Club Pilates and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event.

Name

Signature (Parent's Signature If under 18)

Name

Signature (Parent's Signature If under 18)

Name

Signature (Parent's Signature If under 18)

Name

Signature (Parent's Signature If under 18)

We will not solicit through this contact information provided but if needed to reach you please complete one of the following.

Main Contact phone number _____ OR

Email _____