Waiver, Release of Liability and Assumption of Risk Agreement to Participate*

Please read each item below and check only if you agree to the statement contained therein.

- In consideration of being allowed to participate in Zumba®/yoga classes, events and activities with CORINNE MAH dba MAHALOKA, I agree to waive my rights to ordinary negligence issues, understanding that Zumba®/yoga includes physical movements as well as an opportunity for fitness, cardio-vascular conditioning, relaxation, stress reduction and relief of muscular tension.

- As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

- I understand that it is my responsibility to advise my teacher(s) of any physical conditions which may limit my participation in Zumba®/yoga class and to work within my limitations. If I experience any pain or discomfort, I will listen to my body, take a break, adjust the movement/posture, and advise and ask for support from the teacher. I will continue to breathe smoothly.

- Zumba®/Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Zumba®/Yoga practice and/or specific movements/poses are not recommended and are not safe for individuals with certain medical conditions. I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my doctor regarding my participation.

- I affirm that I alone am responsible to decide whether to practice Zumba®/yoga. I have no medical condition which would prevent me from taking part in Zumba®/yoga classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation.

- I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against CORINNE MAH and/or MAHALOKA, its agents, owners, officers, directors, instructors, sponsors, and other participants, and the owners, lessor, and lessees of the premises as a result of my participation in any classes, events or activities.

- I hereby agree and covenant not to make a claim against, sue or attach the property of CORINNE MAH and/or MAHALOKA or any of its affiliated organizations or above-mentioned parties.

- I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

* By registering for classes with CORINNE MAH dba MAHALOKA, all students agree to the terms and conditions of the preceding Waiver, Release of Liability, and Assumption of Risk Agreement to Participate.

For more information, contact CORINNE MAH at 250.589.8836 or e-mail info@mahaloka.com

____________________________________  ______________________________________
(PRINT) Student/Parent/Guardian                       (SIGN)

____________________________________  ______________________________________
DATE                                               PHONE

____________________________________
EMAIL