



Retreat Release Form
Shine One Day Retreat May 2021

I understand that yoga includes physical exercises as well as opportunities for stretching, strengthening, and deep relaxation. As is the case with any physical activity, I accept that the risk of injury (even serious injury) is always present and cannot be entirely eliminated. With any physical activity during the retreat, if I experience any pain or discomfort, I will listen to my body, modify or come out of the posture in question, and seek immediate assistance from the instructor. Yoga is not recommended and is not safe for those with certain medical conditions. I acknowledge and affirm that I am competent to decide whether or not to participate in a particular session and I will make an informed choice before doing so. I hereby agree to the following:

1. I am fully aware of the risks and hazards involved in practicing yoga and yoga-related modalities and all other “retreat activities” during the SHINE Retreat.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any activities at the SHINE Retreat.
3. In consideration for being permitted to participate in the SHINE Retreat, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation. In further consideration, I knowingly, voluntarily and expressly waive any claim I may have against SHINE Akron LLC, its owners, instructors, workshop and retreat presenters, independent contractors, employees, volunteers, and representatives, for any injury or damages that I may sustain as a result of my participation at the retreat.
4. I understand, that although the speakers and teacher have made every effort to ensure that the information provided during sessions is correct and accurate, the speakers, teachers, and SHINE Akron LLC do not assume and hereby disclaim any liability to any party for any loss, damage, or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident, or any other cause. Furthermore, the information provided during sessions are not intended as a substitute for the medical advice of physicians. The participant should regularly consult a physician in matters relating to his/her health and particularly with respect to any symptoms that may require diagnosis or medical attention.
5. I will not engage in any inappropriate conduct that could result in injury to myself or others.
6. I give SHINE Akron LLC the express permission to take and use photos and videos of my likeness.
7. I agree that this agreement shall be governed by the law and if any conflict arises between myself and SHINE Akron LLC, I will attempt mediation before submitting my dispute to binding arbitration.

I have read the above release and waiver of liability and fully understand its contents and voluntarily agree to all of the terms and conditions.

Signature: _____ Date: _____