

Sunrise Yoga at Lowe Park – Summer 2021

Date _____

(one waiver covers all sessions in 2021)

WAIVER:

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, including but not limited to COVID-19 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 and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event. I understand by signing this document it covers all sessions of 2021.

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)

Main Contact phone number _____ (or)

Email _____