

RETURNING HOME FARM (YOGA WITH GOATS) PARTICIPATION LIABILITY RELEASE, WAIVER,
DISCHARGE AND COVENANT NOT TO SUE

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue
(Collectively, "Releasor", "I", or "me")

As the undersigned Releasor, I fully recognize the dangers and risks to which I may be exposed by participating in yoga and/or group exercise offered by Returning Home Farm and their staff and/or representatives but I want to do so despite the possible dangers and risks. With informed consent, and for valuable consideration received, including assistance provided by Returning Home Farm and their staff and/or representatives, as the undersigned Releasor, I agree to assume (to take on myself) all of the risks and responsibilities in any way arising from or associated with the yoga and/or group exercise which may be offered, including all of its affiliates, divisions, departments and other units, committees, groups and representatives, members, employees, host facilities, agents, administrators, assigns, and contractors (collectively "Releasees") from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with this yoga and/or group exercise in the presence of farm animals and/or livestock, including any injury or harm to me, my death, or damages to my property (collectively "liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all liabilities. I also authorize permission to take and use any and all photographs, videos and digital images of me for use in printed and electronic promotional materials, indefinitely and without compensation and agree that such materials shall remain the property of Returning Home Farm. I recognize that Returning Home Farm cannot control the taking or use of my image by other attendees.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have access to adequate medical or health insurance to cover any medical assistance I may require.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review the Release with an attorney of my choosing if I so desire, and I agree to be legally bound by this Release.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING

Releasor Signature

Parent/Guardian Signature if participant is a minor

Print Releasor Name

Print Parent/Guardian Name

Date

Date of Birth

PARTICIPANT INFORMATION

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Please add me to your email list.

EMERGENCY CONTACT NAME _____

Relationship _____

Phone _____

Please consult your physician before beginning any exercise program