

Yoga Retreats Waiver and Release Form

I, the undersigned (listed as the "Participant"), execute this Waiver and Release (the "Waiver and Release") in connection with my participation in the Yoga Retreat (the "Retreat") described below. The Retreat is offered by Pamela Grosam and Two Rivers Acupuncture, Yoga and Sound Healing LLC.

I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including, but not limited to, suffering and/or death, whether foreseen or unforeseen, that may be sustained by me, or any loss or damage to property owned by me, as a result of my participation in the Retreat, and all related activities incident thereto. "Related activities" means any and all matters and activities related directly or indirectly to the Retreat, including, but not limited to, travel to the Retreat destination, hotel and lodging at the destination, recreational activities, excursions, side trips, and any activity which takes place between my leaving home to the Retreat and my return. (The defined term "Retreat" shall include all "related activities".)

I recognize that there are many risks of injury, damage, or harm inherent in my participation in the Retreat, and that it is not possible to specifically list each and every individual risk. These risks may include: (a) risks, dangers and hazards inherent in engaging in Yoga and/or meditation; (b) risks and dangers caused by the negligence or willful acts of the owners, employees, officers or agents of the hotel, Retreat facility, or any guides (who are not affiliated with Pamela Grosam and Two Rivers Acupuncture, Yoga and Sound Healing LLC or by other participants in the Retreat; (c) risks inherent in traveling to a foreign country – e.g., war, terrorist attacks, communicable disease, muggings; and (d) natural dangers, such as tornadoes, earthquakes, or other natural disasters. I hereby expressly assume any and all risks (including but not limited to the foregoing risks) in attending and participating in the Retreat.

In exchange for the opportunity to participate in and attend the Retreat, I hereby release, waive, discharge and covenant not to sue Pamela Grosam and/or Two Rivers Acupuncture, Yoga and Sound Healing LLC and any person or entity listed under my signature below, and their officers and current or former employees or agents (hereinafter referred to as "Released Parties") from any and all liability, claims, demands, actions and damage, or injury, including death, that may be sustained by me, while participating in the Retreat. I further hereby agree to indemnify and hold harmless the Released Parties from any loss, liability, damage or cost, including costs and attorney's fees that may be incurred due to my participation in the Retreat, whether caused by negligence of any of the Released Parties or otherwise. It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the abovenamed Released Parties.

I have had an opportunity to ask questions and obtain information regarding the Retreat to my satisfaction. I subjectively understand the risks of my participation in the Retreat, and knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks due to my participation. I warrant to the Released Parties that I have no physical, emotional, or psychological condition which would keep me from participating in and enjoying the benefits of the Retreat or which would cause me injuries or harm, and that I have consulted with my medical doctor/advisor regarding my participation in the Retreat and have obtained his/her clearance to do so. I acknowledge and agree that the Released Parties are not responsible for providing any security while on the Retreat, and that I have conducted satisfactory due diligence into the country where the Retreat is held, and any lodging or hotel facilities there.

WITHOUT LIMITING THE FOREGOING, THE RELEASED PARTIES SHALL NOT BE LIABLE FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES, WHETHER BASED IN CONTRACT, TORT OR ANY OTHER THEORY ARISING FROM OR RELATING TO ANY INJURIES SUFFERED WHILE ON THE RETREAT. THE RELEASED PARTIES WILL NOT BE LIABLE TO THE PARTICIPANT OR HIS OR HER HEIRS OR BENEFICIARIES FOR ANY AMOUNT IN EXCESS OF THE TOTAL FEES PAID BY PARTICIPANT FOR THE RETREAT.

I intend that if any term or provision of this Waiver and Release shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby. The sole venue for any dispute regarding the Retreat (with respect to any injuries or damage suffered by me as a result of attending the Retreat) or with respect to this Waiver and Release, shall be the federal district court in the State of Minnesota. I hereby waive any objection or defense to such venue, including based on lack of personal jurisdiction, improper venue, forum non-convenience or otherwise.

I AM OVER 18 YEARS OF AGE, HAVE READ THIS WAIVER AND RELEASE AND BY SIGNING IT AGREE TO ITS TERMS. IT IS MY INTENTION TO WAIVE AND RELEASE THE RELEASED PARTIES FROM THE CLAIMS HEREIN RELEASED. I ACKNOWLEDGE THAT THIS RELEASE EXTENDS TO PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PARTICIPANT SIGNATURE: _____ (Electronic Signature Captured)

PRINT NAME: _____ Date: _____

*Pamela A Grosam, Brian J Grosam, Two Rivers Acupuncture, Yoga and Sound Healing LLC.

