



STUDIO SEVA, LLC

CLIENT'S REPRESENTATIONS AND WARRANTIES

I hereby voluntarily agree to, personally or on behalf of the minor child named above (the "Minor") to participate in individual, private parties, and group Yoga, aerial, or any fitness classes (the "Classes") designed and administered by Studio Seva, LLC and its authorized agents, employees and contractors (individually and collectively, "Studio Seva"). If signing on behalf of a Minor, I understand that all references to "I" and "my" in the sections below are referring to the Minor.

I hereby declare myself physically and mentally sound and suffering from no condition, injury, impairment, disease, infirmity, or other illness that would prevent my participation in the Classes. I acknowledge Studio Seva, has recommended that I obtain a physician's approval prior to my participation in the Classes, and that I further obtain physician's approval with respect to the continuation of my participation in the Classes if, at any time, I suffer any adverse change in my physical or mental condition. I further acknowledge that I have either had a physical examination and have been granted permission by my physician to participate in the Classes, or I have elected to participate in the Classes without my physician's approval. I further acknowledge that it is my responsibility to keep abreast of any changes or deterioration in my physical condition.

I acknowledge and understand that the instructors and other personnel of Studio Seva are not trained medical professionals and that any information provided to me by Studio Seva neither constitutes nor serves as a substitute for medical advice. I further acknowledge that I, in my sole discretion, may disclose to Studio Seva the existence of an illness, injury, impairment, disease, infirmity, or other condition that may prevent, hamper, or otherwise affect my participation in the Classes, but that Studio Seva is not qualified to determine if and how my participation in the Classes will affect any such illness, injury, impairment, disease, infirmity or other condition, whether positively or negatively. In the event Studio Seva suggests a modification to an activity to accommodate any such condition, it is my responsibility to evaluate whether or not such modification would aggravate or worsen such condition.

Although Studio Seva shall exercise reasonable precautions to ensure my safety, I acknowledge and agree that I will be engaging in activities that may pose inherent risks, including but not limited to, bodily injury and death. Additionally, there may be other risks not known or not reasonably foreseeable at this time.

I acknowledge and agree to no warranties, representations, or guarantees of any kind, expressed or implied, have been made to me regarding the results I will achieve from the Classes. I understand that Studio Seva will prescribe the most effective methods within the scope of its knowledge to help me achieve my fitness goals, but actual results may vary based on factors beyond the control of Studio Seva, including, but not limited to, my frequency of participation in the Classes, the number and type of physical activities undertaken by me outside Studio Seva, my dietary choices and habits, and my individual body type and metabolism. I further acknowledge that the activities undertaken by me in the Classes may be unsuitable, or even dangerous, for another individual to undertake. I therefore agree that I will not share any information provided by Studio Seva, whether verbal, written or physically demonstrated, with any other person.

I represent and warrant that all of the representations made by me herein are truthful and accurate. I have had the opportunity to ask questions regarding the representations set forth in this document, and if I have asked any such questions, Studio Seva has answered the same to my satisfaction.

Signature of Participant _____ Print Name _____ DOB ____ / ____ / ____

Phone _____

E-mail address _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's Name) ("Minor") being permitted by Studio Seva to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Studio Seva from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____