

EXEMPTION FORM & WAIVER OF LIABILITY FOR INJURY & LOSS

PLEASE READ THE FOLLOWING TERMS AND CONDITIONS COMPLETELY AND CAREFULLY; THEY EFFECT YOUR LEGAL RIGHTS.

I, ______(Yoga Participant) acknowledge and agree with Maui Ocean

Center that:

I am participating in the Yoga Class / Workshop held at Maui Ocean Center, during which I may practice yoga and receive yoga instruction. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class / Workshop. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in the Yoga Class / Workshop.

I acknowledge that I am voluntarily participating in the Yoga Class. The venue, Maui Ocean Center, shall not be held liable for any claim, demand, or cause of action of any kind resulting from or related to my participation in the Yoga Class offered on the venue's premises.

I also acknowledge that the acting instructor will not render any medical services including medical diagnosis of my physical condition and shall not be liable for any injury, accident or damage that is resulting from or related to my participation in the Yoga Class.

I permit Maui Ocean Center the free use of my name, image, video, and/or voice in any broadcast, telecast, video, advertising, promotion, or any other publishing platform.

-	E THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS LOW, I VOLUNTARILY AGREE TO BE BOUND TO THESE TERMS	5
Signature (Yoga Participant)	Date	
Name (print)		
PARENT/GUARDIAN CONSENT (18 YEARS OF AG I,, (circle one)	-	
(circle one) to actively participate in Yoga Class and both ack	my son / daughter, years of age, knowledge and agree to all terms herein.	
Signature (Parent/Guardian)	Date	

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