

# FRYE

## NOISE YOGA WAIVER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT PERSON AND PHONE NUMBER:

\_\_\_\_\_

I agree that the Frye Art Museum is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that yoga classes at the Frye Art Museum may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I agree that neither I, my heirs, assigns, or legal representatives will not sue or make any other claims of any kind whatsoever against the Frye Art Museum or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

I have read this release and waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if minor): \_\_\_\_\_ Date: \_\_\_\_\_