LOVE YOGA WITH BEKA

I/We hereby understand and acknowledge that the live online Yoga sessions and/or pre-recorded Yoga videos held by Rabekha Brown, may expose me to many inherent risks, including accidents, injury, illness, or even death. I understand that Rabekha Brown is unable to observe my practice as closely as in person sessions.

I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me during my participation of the live session as well as on the replay.

I acknowledge that Rabekha Brown is unable to check my postures and alignment as accurately as in person, I also acknowledge that she is unable to risk assess my surroundings. Therefore it is my responsibility to ensure my surroundings are safe and to ensure I practice in a sensible and safe manner.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity.

I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Rabekha Brown furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Rabekha Brown from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the online training, programs, yoga classes and/or events.

By my electronic signature I indicate that I have read and I understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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