

Read Before Signing

In consideration of participating in any way in Shine On Sup Yoga operations, rentals or it's related events and activities, I \_\_\_\_\_ knowledge, appreciate and agree that the risk of injury from the activities involved in stand up paddling and/or Stand up paddle yoga is significant, including the potential for permanent paralysis and death, and while together skills, equipment, and personal discipline maybe reduce the risk, the risk of serious injury does exist; and, I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: board capsize; tide conditions and currents; travel in remote areas; collision with objects or other watercraft; prolonged exposure to cold water, hypothermia, accidental drowning; illness in remote areas; exposure to sun, strong wind, cold, storms, waves, eddies and whirlpools, and lightning; aggressive and/or poisonous marine life; wrist, arm, shoulder, and/or back injuries; slips and falls while walking; and rapidly changing adverse weather and water conditions.

Shine On Sup Yoga Instructors seek safety, but there are not infallible, They might be unaware of a participants fitness or abilities. They might miss judged the weather, the elements, or the terrain. They may give inadequate warning or instructions, and the equipment being used might malfunction.

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation ; and

2. I willingly agreed to comply with the stated and customary terms and conditions for participation if, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to attention of all personal immediately; and,

3.. I, for myself and on behalf of my heirs, assigns, personal representatives and next in kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SHINE ON SUP YOGA's, Related product manufacturers and all their affiliates, , officers, officials, contractors, agents and/or employees, other participants, sponsor and agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises use for the activities ("releases") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or Property associated with my presence or participation, WEATHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I take full responsibility for any damage caused to the equipment utilize in this fitness class.

By signing this release, I've knowledge and agree that I hereby give the Shine On Sup Yoga my permission to use the image in my media format for any appropriate and respectful purpose which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the images may be combined with other images, text and graph six, and props, altered or modified. I agree that I have no rights to the images, and all rights to the images belong to Shine On Sup Yoga. I've knowledge and agreed that I have no further right to additional compensation in that I will make no other claim for any reason to Shine On Sup Yoga. I Acknowledge and agree that this release is binding upon heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by law of Oregon state.

I have read this release of liability and assumptions of risk agreement, fully Understand its terms, I understand that I have given at substantial rights by signing it, & freely and voluntarily without any inducement.

X \_\_\_\_\_  
PARTICIPANT SIGNATURE  
\_\_\_\_\_ Date \_\_\_\_\_

(Print Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have been offered a personal flotation device (PFD) at no additional cost and it is required that it be kept on the paddleboard or be worn one during the activity.

Do you have any existing medical conditions?

No/Yes

If Yes, please Elaborate