

CONSENT AND RELEASE

Date or Dates of Activity: , 2017

I represent that the Student is in good health and suffers from no physical impairment that would limit the Student's participation in the Activities. I understand that it is my responsibility to consult with the Student's physician prior to and regarding the Student's participation in the Activities. I agree to assume full responsibility for any risks, injuries and/or damages, known or unknown, that the Student might incur or that the Student might inflict on others while participating in the Activities.

I understand that photos and video may be utilized for communications efforts to help make the community aware of the positive impact of Sonima's health and wellness programs. To that end, I hereby grant Sonima permission to record the name, likeness, voice, image and/or appearance on the above referenced date or dates of the Student and to use and publish the pictures, video and digital images (collectively "Photographs") and the like without compensation. I understand that Sonima may use, display or distribute the Photographs in connection with commercial or non-commercial print, film, web, news, social or any other electronic media and in various publications, posters, videos, audio and presentations on Sonima's website or other related endeavors (the "Projects"), and I waive any right to inspect or to approve any Project that may be created using the Photographs. I acknowledge that Sonima shall exclusively own the copyright and all other rights in the Photographs and may use them in any manner.

I hereby release Sonima, its members, officers, agents, employees, assigns, and subsidiaries and affiliates, Sharath Rangaswamy, Jois Yoga Encinitas, Brooklyn Yoga Club, Ashtanga Yoga New York, and the members, directors, officers, agents, employees and assigns of any of them (the "Released Parties") from any and all claims which arise out of or are in any way connected with the rights granted herein, including claims for invasion of privacy, right of publicity, and misappropriation or misuse of image, and including any claims relating to personal injury, death, or loss, whether such damage or personal injury results from the intentional acts, omissions or negligence of any of the Released Parties. I specifically agree that the Released Parties shall not be held liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to the Student's participation in the Activities, whether or not during the Activities' session or on the premises where the Activities are conducted.

I represent that I have the authority to enter into this Consent and Release and that the rights I have granted above will not conflict with or violate any commitment or

understanding I have with any other person or entity. I represent that I am over the age of eighteen (18) years and that I have read this Consent and Release and fully understand its contents. I authorize the participation of the Student and agree to indemnify and hold harmless the Released Parties from any claim brought on the Student's behalf. This Consent and Release shall be binding upon me, my heirs, legal representatives and assigns.

Signature: _____

Print Name: _____

Date: _____

Telephone: _____

Address: _____

Emergency Contact Name/Phone: _____