

## **Liability Waiver and Assumption of Risk**

I voluntarily agree to participate in yoga, fitness, wellness, and related activities offered by Abby Elizabeth LLC (“the Company”) at any location, venue, or destination where services are provided.

I affirm that I am physically able to participate in these activities and that I have consulted with a licensed medical provider as needed regarding my participation. I understand that it is my responsibility to disclose any injuries, medical conditions, pregnancy, or limitations that may affect my ability to safely participate. I agree to listen to my body and modify or stop any activity at any time if I feel discomfort, pain, dizziness, or concern.

I understand that participation in yoga, fitness, and wellness activities involves inherent and unanticipated risks, including but not limited to muscle pulls, strains, sprains, joint injuries, broken bones, back, knee, or neck injuries, headaches, cardiovascular events, communicable diseases, paralysis, or death. I knowingly and voluntarily assume all risks, both known and unknown, associated with these activities.

In consideration of being permitted to participate, I hereby release, waive, discharge, and hold harmless Abby Elizabeth LLC and its agents, owners, officers, directors, instructors, teachers, employees, independent contractors, service providers, and any third parties acting on its behalf from any and all claims, demands, causes of action, damages, injuries, losses, or liabilities of any kind, including those arising from negligence, that may result from my participation.

I understand that participation is entirely voluntary and that I am under no obligation to engage in any activity suggested or demonstrated. I agree that I will not hold Abby Elizabeth LLC liable for any injury, harm, illness, damage, or death that may occur as a result of my voluntary participation.

I acknowledge that Abby Elizabeth LLC reserves the right to limit, modify, or terminate my participation at any time if, in its judgment, it is unsafe or inappropriate for me to continue. I agree to comply with all instructions and decisions made by the Company.

I authorize Abby Elizabeth LLC, at its discretion, to contact emergency medical services if it is believed I require medical or psychological attention. I understand and agree that I am solely responsible for any costs incurred for such services.

I represent that I am at least 18 years of age and legally competent to sign this agreement. By selecting “I agree to the Terms and Conditions,” I acknowledge that I have read and fully understand this waiver, that I have had the opportunity to ask questions, and that I am signing this agreement freely and voluntarily.