

## **WAIVER AND RELEASE OF LIABILITY**

IN CONSIDERATION OF the risk of injury that exists while participating in Standup Paddle Board Yoga (herein after the "Activity"); and

IN CONSIDERATION OF my desire to participate in said activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or general representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardians if releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims, or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge Mina Vera, located at 811 W Slaughter Lane, Austin, Texas 78748, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releases"), from any physical or psychological injury that I may suffer as a direct result of my participation in the Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK, I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, TEMPORARY OR PERMANENT DISABILITY, ECONOMIC AND EMOTIONAL LOSS AND DEATH. I ASSUME ALL RELATED RISKS BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY,

I FURTHER AGREE to indemnify, defend and hold harmless the Releases against any and all claims, suits, or actions of any kind whatsoever for liability damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained.

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PRINTED NAME

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SIGNATURE AND DATE