



AMOMOXTLI

Tepoztlán **MEXICO 2023 YOGA:**

WAIVER & RELEASE OF LIABILITY

First Name _____ Last Name _____ Date of Birth ___/___/___

Mobile phone _____ Email _____

Street Address _____ City _____ State/Province _____

Zip/Postal Code _____ Preferred contact (circle one): PHONE | EMAIL | TEXT

Do you practice/have you practiced yoga? (circle one) Yes/No/Sort of

If yes, what style? _____ For how long? _____ months/years (circle one)

Any past or present injuries, physical limitations or cranky body parts for us to be aware of? (circle one) Yes/No If

yes, please describe: _____

Please be sure to offer any health information that's important for your instructor to know, such as allergies requiring epinephrine, pregnancy, diabetes requiring sugar tabs. Back/shoulder/knee/joint problems? Your instructor can help you modify poses as necessary.

Emergency contact:

Name _____ Relationship _____ Phone # _____

AMOMOXTLI Tepoztlán, México

I, _____, hereby agree to the following:

Yoga and other offered activities (including movement practices, retreats, workshops, meditation, energy and massage work) are not a substitute for medical attention, examination, diagnosis or treatment. By signing below, I acknowledge and agree to the following:

1. Practice and participation at or with AMOMOXTLI Yoga Retreat may involve risks, and by participating I accept all risks, including those created by apparent carelessness, negligence or gross negligence of Amomoxtili, myself and anyone else. I recognize that activities involve physical exertion which may be strenuous and may cause physical injury and I am fully aware of the hazards involved.
2. I understand it is my responsibility to consult with a physician prior to and regarding my participation in any physical activity. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in the activities at or with AMOMOXTLI Yoga Retreat. A licensed physician has verified my good health and physical condition to participate in activities offered by Amomoxtil.
3. I am responsible for maintenance of my own safety and will respect my own personal limits to stop physical activity before I become ill or injured. Amomoxtili representatives may offer hands-on assists and adjustments. It is my responsibility to adequately inform and remind Amomoxtili representatives if I wish not to experience hands-on assistance.
4. I hereby release Ariadna Fink from any and all liabilities, claims, demands, legal actions, or rights of actions for damages, personal injury or death in connection with participation in activities with or by Amomoxtili Hotel and Spa and Ariadna Fink. This extends to any and all of the teachers, instructors, affiliates, independent contractors, lease facilities, retreat venues, event venues, and their respective representatives, directors, officers, sponsors, agents, employees/staff, volunteers, contractors or representatives.
5. I knowingly, voluntarily and expressly waive all claims I may have against Ariadna Fink, its owners, sponsors, staff, volunteers and contractors for any injury or damages that I may sustain as a result of participating in programs or activities offered by Amomoxtili Spa.
6. I, my heirs and/or legal representatives, forever release, waive discharge and covenant negligence and/or other acts that may arise against Amomoxtili, its owners, directors, officers, sponsors, agents, employees/staff, volunteers, contractors or representatives.
8. All payments are non-refundable and non-transferable for any reason, including but not limited to, extenuating circumstances, illness and injury. The scheduling and content of activities are subject to change as necessitated by schedule and availability based on the mandate of Ariadna Fink and the Amomoxtili Hotel and Spa.

I have fully read and understood the above release and waiver of liability. I fully understand its contents and that by signing it I am obligated to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against Amomoxtili or its owners. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the state of Pennsylvania. Signing also provides consent for Ariadna Fink to email me with reminders and information.

Print Name _____

Signature _____ Date _____

(Parent/guardian signature required if under 18)