

## STUDIO35 GIFTS INC. LIABILITY RELEASE

In any physical activity, risk of serious physical injury is possible. Yoga and any other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risks of puppy yoga as puppies may bite, chew, and naw on your body and releases the teacher(s) and *STUDIO35 GIFTS INC.* from any, and all liability claims.

I am participating in classes or workshops with *STUDIO35 GIFTS INC.*, I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical conditions that I am aware of, which would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.

## STUDIO35 GIFTS INC. PHOTO RELEASE

I hereby grant *STUDIO35 GIFTS INC.* permission to use my likeness in a photograph, audio video, or other digital media ("photo") in any, and all of its publications, including print and advertising, web-based publications including social media channels or other without payment or other consideration.

I understand and agree that all photos will become the property of *STUDIO35 GIFTS INC.*

I hereby irrevocably authorize *STUDIO35 GIFTS INC.* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge *STUDIO35 GIFTS INC.* from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO/LIABILITY RELEASE(S). I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If under 18, PARENTS MUST SIGN**

\_\_\_\_\_  
Individually and as Parent and/  
Legal Guardian

\_\_\_\_\_  
Date