

## Liability Waiver:

Participant agrees that all exercises provided by Alexandra Frangogiannis Filippou and the use of the Sould premises are undertaken by the participant at the sole risk of the participant, and that neither Alexandra Frangogiannis Filippou nor any other staff/instructor(s) shall be liable for any claims for injuries or damages to person or property of the participant arising out of, or connected with Alexandra Frangogiannis Filippou and the Sould premises. Participant agrees to indemnify and to hold Alexandra Frangogiannis Filippou and its staff/instructor(s) harmless from all claims by, or liability to, participant.

While yoga is beneficial to your health and well-being, certain bodily changes can occur during any physical activity. You should promptly notify your instructor of any dizziness, shortness of breath, chest discomfort or heart palpitations, or any other unusual physical symptoms during your yoga class or private yoga lesson.

Participant understands that it is the sole responsibility of the participant to inform the staff/instructor(s) of any, and all, pre-existing health conditions prior to beginning each class. Participant understands it is their sole responsibility to notify the staff/instructor(s) of any change in their condition.

If you have concerns about your health or suffer from any of the following disorders, regardless of age, we strongly recommend that you consult a physician prior to beginning your yoga program:

1. Chest pains
2. A cardiac history, such as but not limited to, angina, heart attack or stroke
3. Severe respiratory problems
4. Insulin-dependent diabetes
5. High blood pressure

**COVID-19 agreement:** Participant agrees to stay home if they are experiencing any symptoms of COVID-19, including but not limited to: fever, dry cough, or shortness of breath. If participant or someone they have been in close contact with has experienced symptoms of COVID-19, participant will follow all governmental regulations regarding quarantine and testing before returning to Sould.

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Signature of Participant  
/Parent or Guardian (if under 18)

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Place and date