

## City of Livermore 1052 S. Livermore Avenue Livermore, CA 94550

## WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, AND FOR INDEMNITY

FOR_	2024 Yoga for Beginners workshop
PARTI	CIPANT'S NAME (please print):
	I,, as the Participant, who is not an employee of the City of Livermore, have made a ry request for myself to participate in the Yoga for Beginners training class offered by the Livermore Public Library, wherever or in the same may occur and for whatever period said activities or instructions may continue.
acknow	In consideration of the permission given to me or my child to participate in the Activity as stated above, I here agree and eledge that:
•	1 (initial) The Activity may be physically and emotionally demanding, that there a certain risks inherent in the v, and that I or my child may be subjected to the risk of death, personal injury or to the loss or damage of property, and that I voluntarily and with full knowledge assume such risks of death, personal injury, and loss or damage of property.
inheren underst	2(initial) The Activity supervisors are not trained medical professionals, but will make every reasonable effort to first aid in case of injury. I further acknowledge that said persons will make every reasonable effort to warn me of known risks t in the Activity, but that all dangers associated with the Activity and their consequences cannot be foreseen. Knowing, anding and fully appreciating these facts, I hereby expressly, voluntarily, and willingly assume all risks and dangers with my ation in the Activity.
the Act	3(initial) As a Participant, that I: Shall not to use or be under the influence of alcohol or drugs, including ation drugs that may effect my or my child's ability to safely participate in the Activity; will obey all rules or conditions placed on ivity, including safety rules; will not engage in conduct that increases the risk of death, personal injury or to the loss or damage of perty, while participating in the Activity; and, will not interfere with the performance of the Activity or in a manner that will bring the upon the City of Livermore, its officers, employees, agents, and designated volunteers.
	4(initial) I certify that I or my child is physically and emotionally able to participate in the Activity.
	5(initial) That the City of Livermore, its officers, employees, agents, designated volunteers, and sureties, and each a shall not be responsible or liable for any wrongful death, personal injury, or damage or loss of property incurred by me or my hile participating in the Activity, whether the same shall arise by the negligence or omission of any said persons, or otherwise.
AGEN'	6(initial) IT IS THE EXPRESS INTENTION OF, BY INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF LIVERMORE, ITS OFFICERS, EMPLOYEES, TS, DESIGNATED VOLUNTEERS AND SURETIES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY GE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

City of Livermore, its officials, officers, directors, employees, agents, designated volunteers, and sureties, and each of them, and agree to

For myself and any and all heirs, executors, administrators and assigns for myself, I hereby release the

defend, indemnify and hold the City of Livermore, its officials, officers, directors, employees, agents and designated volunteers harmless from and against any and all loss, liability, damage, including but not limited to reasonable attorney, consultant and expert fees and/or court costs, directly or indirectly arising out of or in connection with my participation in the Activity, except for the gross negligence and willful misconduct of the City of Livermore, its elected officials, officers, directors, employees, agents and designated volunteers. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the Activity.

I have carefully read this entire two page document and understand its terms and their legal significance. This waiver, release and indemnification is freely and voluntarily given with the understanding that right to legal disclosure against the City is

knowingly given up in return for allowing my participation in the Activity. My signature is intended not only to bind myself but all successors, heirs, representatives, administrators, and assigns that I may have. No oral representations, statements or inducements apart from this written agreement have been made.				
Dated ,				
at Livermore, California.	NAME –PLEASE PRINT			
	SIGNATURE (Participant)			
	EMERGENCY INFORMATION			
EMERGENCY MEDICAL:				
	am not able to authorize treatment for myself and/or contact 9-1-1 to obtain whatever reasonable med			
Name of Medical Provider	Telephone Number	Policy Number		
EMERGENCY CONTACT:				
Please list a family member or friend w	re may contact in case of an emergency.			
Name	Telephone Number	Relationship		
	ss (diabetes, asthma, epilepsy, heart condition) prevaight limit your or your child's participation in the			
I give my full permission to the CITY a publicity and promotion purposes with	and any other media sources to use my name and/or out obligation or liability to me.	pictures, or voice recordings for any		
Name	Signature	 Date		