

RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS.

Sojourn Studios is a facility of physical fitness, personal training, group classes including suspension techniques and inversions, incorporating equipment, apparatuses, cardiovascular training, flexibility and therapeutic instruction.

Sojourn Studios is located at 5603 Bayview Road, Suite 13, Langley, WA 98260

In consideration for being allowed to participate in this activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue, and agree to hold harmless and indemnify Sarri Gilman, Sojourn Studios, and its employees, volunteers or assistants collectively from any and all claims including injury of any kind on the premises, resulting in physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this activity, including travel to, and from during the activity.

*I am voluntarily participating in this Activity. I am aware of the risks associated with the traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence: conditions related to travel: or the condition of the Activity's location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from and during the Activity.***

I agree to hold Sojourn Studios harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If Sojourn Studios incurs any of these types of expenses, I agree to reimburse Sojourn Studios. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing Sojourn Studios from all liability, (b) promising not to sue Sojourn Studios, and (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Washington. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely.

Participant or Sublessee Signature: _____

Participant or Sublessee Name: _____ **Date:** _____

APPROVED: SOJOURN STUDIOS

By: _____

Jodi Strevel, Authorized Agent

SOJOURN STUDIOS 5603 BAYVIEW ROAD #13, LANGLEY, WA 98260 (360)221-6543