



Ipsalu Tantra International

P.O. Box 19773
Cincinnati, Ohio 45219

www.ipsalutantra.org
info@ipsalutantra.org

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

I hereby agree to the following:

- 1) That I am participating in the Tantra Yoga sessions offered by IPSALU TANTRA INTERNATIONAL ("ORGANIZATION") and taught by _____ ("Facilitator(s)") during which I will receive information and instruction about Tantra Yoga and health in one or more sessions and workshops (collectively, "WORKSHOPS"). I recognize that Yoga requires emotional energy and physical exertion, which may be strenuous and may cause emotional or physical injury, and I am fully aware of the risks and hazards involved.
- 2) I understand that it is my responsibility to consult with a physician regarding my participation in the WORKSHOPS. I represent and warrant that I am physically fit and have no medical condition that could prevent my full participation in the WORKSHOPS.
- 3) In consideration of being permitted to participate in the WORKSHOPS, I agree to assume full responsibility for any risks, injuries loss or damages, known or unknown, which I might incur as a result of participating in the WORKSHOPS.
- 4) In further consideration of being permitted to participate in the Yoga sessions, I knowingly, voluntarily and expressly waive any and all claims I may have against the ORGANIZATION, its Officers and Directors, and Facilitators for injury or damages of any kind that I may sustain as a result of participation in the WORKSHOPS.
- 5) For myself, my heirs, assigns, or legal representatives I forever release, indemnify, covenant not to sue and agree to hold harmless the ORGANIZATION, its Officers and Directors, and Facilitators for any and all liability, demands, actions, loss or damage, injury or death caused by their negligence or other acts.

I HAVE CAREFULLY READ THIS **AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, THE **ORGANIZATION AND FACILITATORS** AND VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

SIGNATURE

PRINT NAME

DATE