PROJECT R.O.O.T — YOGA & MINDFULNESS CLASS

PARTICIPANT LIABILITY WAIVER AND RELEASE AGREEMENT

Event Location: The Allura Banquet Hall at Crewe Boutique Inn (16092 W Colonial Trail Hwy, Crewe, VA 23930) **Instructor:** Kairav Mittal, RYT / Project R.O.O.T

1. PARTICIPANT INFORMATION (Please Print)

Full Name: _____ **Phone Number:** _____

Email Address: _____ **Emergency Contact & Relationship:** _____

Emergency Contact Phone: _____

2. ACKNOWLEDGMENT OF RISK & MEDICAL CLEARANCE

- Voluntary Participation: I am voluntarily participating in the Project R.O.O.T Yoga & Mindfulness class, understanding it involves physical movement, stretching, posture holds, and breathwork.
- Assumption of Risk: I recognize that physical exertion carries an inherent risk of injury, discomfort, or aggravation of pre-existing conditions, and I assume full responsibility for any risks, injuries, or damages, known or unknown, from participating.
- Health & Physical Fitness: I declare I am in good health and proper physical condition to participate. If I experience pain, dizziness, or shortness of breath, I agree to stop immediately and inform the instructor.

3. WAIVER AND RELEASE OF LIABILITY

In consideration for being permitted to participate in this free community class, I knowingly, voluntarily, and expressly waive and release any and all claims, demands, damages, or rights of action that I, my heirs, or legal representatives have or may have against Kairav Mittal (Instructor), Project R.O.O.T, The Allura Banquet Hall / Crewe Boutique Inn / Mittal Investments, LLC, and their owners, directors, officers, employees, volunteers, and agents. I agree that neither the instructor nor the venue/organizers shall be held liable for any personal injury, loss, or damage to personal property occurring before, during, or after the class.

4. MEDIA & COMMUNITY SHARING

We love capturing the energy of our community events! By attending, you agree that Project R.O.O.T, Kairav Mittal, and The Allura Banquet Hall may use photos or videos taken during class for social media, website highlights, local community outreach, and may share them with local press/media outlets for news coverage of this event.

5. ACKNOWLEDGMENT OF UNDERSTANDING

By signing below, I confirm I have read and understand this agreement, including the safety guidelines, liability release, and media permissions above, and agree to these terms freely and voluntarily.

Participant Signature: _____ **Date:** _____

(If participant is under 18 years of age)

Parent/Guardian Signature: _____ **Date:** _____