

Waiver of Personal Liability and Assumption of Risk Statement

I, _____ (print name), an individual over the age of 18, do hereby willfully and knowingly waive any and all personal liability claims against DoxaSoma Inc., its representatives and agents, or any successor entity, which may arise due to my participation as a student or teacher in the exercise and fitness programs sponsored, conducted by, or based on DoxaSoma™.

I assume all responsibility for my participation in said program. I further certify that I have conferred with a physician and have determined that I am fit and able to participate in or teach an exercise program.

I intend for this statement to be binding in my successors and heirs, and hereby agree to hold DoxaSoma, Inc. harmless for any and all expenses and/or judgments which may arise, including, but not limited to reasonable attorney's fees and court costs.

I understand that it is my responsibility to see to it that my classes are covered by Liability Insurance, through my homeowner's/renter's policy, or a separate policy with my insurance company; or through the church or facility where my DoxaSoma™ classes are being held.

Acknowledgement: I have read and understand the *Waiver of Personal Liability and Assumption of Risk Statement*.

Signed: _____ Date: _____
Print Name: _____