

Daybreak Wellness Liability Waiver & Release Form

Updated: 6/1/2025

By signing below, I acknowledge and agree to the following:

1. Assumption of Risk

I understand that participation in any yoga, Pilates, barre, or related physical activity offered by Daybreak Wellness may involve physical exertion that could result in injury. I acknowledge that I am voluntarily participating in these activities with full knowledge of the risks involved and accept full responsibility for my health and safety.

2. Health Acknowledgment

I confirm that I am physically fit and have no medical condition that would prevent my full participation in classes, events, or retreats offered by Daybreak Wellness. I understand that yoga, Pilates, and barre are not substitutes for medical attention, examination, diagnosis, or treatment. I agree to consult a physician regarding any condition that may affect my ability to participate.

3. Responsibility and Modifications

I understand it is my responsibility to listen to my body, work within my limits, and inform the instructor of any injuries or limitations prior to class or event. I will modify or stop any movement that causes discomfort and ask for support when needed.

4. Retreat-Specific Release

I understand that Daybreak Wellness retreats may include a range of activities such as guided excursions, hikes, swimming, boating, and off-site travel. I voluntarily choose to participate in all such activities at my own risk and agree to follow all safety guidelines and instructions provided by retreat leaders or staff. I accept full responsibility for my well-being and release Daybreak Wellness and its affiliates from liability related to accidents, injury, illness, or property loss during the retreat, both on-site and during any excursions.

5. Photo & Video Release

I grant permission for Daybreak Wellness to use any photographs or video footage taken during classes, events, or retreats for marketing and promotional purposes. This includes, but is not limited to, website, social media, and printed materials. If I prefer not to be photographed, I will communicate this to the instructor before the session begins.

6. Liability Waiver

I voluntarily waive, release, and discharge Daybreak Wellness, its owners, instructors, employees, agents, venue partners, affiliates, and any associated personnel from any and all liability for injuries, illness, death, or property damage incurred during participation in any Daybreak Wellness class, event, or retreat. This waiver includes responsibility for all medical or emergency expenses that may arise.

7. Digital Signature Agreement

By submitting this form electronically, I acknowledge that my digital signature has the same legal effect as my handwritten signature. I confirm that I have read, understand, and voluntarily agree to the terms of this waiver in full.

Participant Name (Printed): _____

Participant Email: _____

Signature (Typed Full Name): _____

Date: _____