

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, ("Participant"), an adult over the age of 18, plan to participate in the LACMA Local: Yoga event on May 6, 2017, from 8:30-9:30am at LACMA's Levitated Mass (the "Event"). I hereby agree to the following:

1. I am voluntarily participating in the Event. During the Event, I will gather with other participants to participate in yoga. Carolina Phipps, a yoga instructor from Modo Yoga LA, will be available to lead in basic yoga poses.
2. I understand that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved in participating in yoga.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Event. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Event.
4. In consideration of being permitted to participate in the Event, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Event.
5. In further consideration of being permitted to participate in the Event, I knowingly, voluntarily, and expressly waive any claim I may have against Modo Yoga LA, Carolina Phipps, Museum Associates d/b/a LACMA, the County of Los Angeles or any of their respective trustees, officers, agents or employees for any injury or damages that I may sustain as a result of participating in the Event.
6. I am fully aware that Modo Yoga LA, Carolina Phipps, Museum Associates d/b/a LACMA, the County of Los Angeles or any of their respective trustees, officers, agents or employees shall not be liable for the loss or damage of any personal items during the Event.
7. I, my heirs or legal representatives, forever release, waive, discharge, and covenant not to sue Modo Yoga LA, Carolina Phipps, Museum Associates d/b/a LACMA, the County of Los Angeles or any of their respective trustees, officers, agents or employees for any injury or death whether or not caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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DATE

SIGNATURE OF PARTICIPANT