

Liability Waiver - Soulace Indonesia

Participant Name: _____

Date of Birth: _____

Emergency Contact: _____

Phone: _____

Email: _____

Acknowledgment of Risk

I understand that participation in Yoga and Pilates classes at Soulace Indonesia involves physical activity which may include stretching, balance, strength training, breathing exercises, and use of props or equipment. I acknowledge that:

- Physical exercise carries inherent risks, including but not limited to muscle strain, injury, or, in rare cases, more serious medical events.
- It is my responsibility to consult with a physician before beginning any exercise program and to only participate if I am physically fit to do so.
- I must inform my instructor of any injuries, physical limitations, pregnancy, or medical conditions prior to class.

Assumption of Responsibility

- I voluntarily participate in classes, sessions, and workshops at Soulace Indonesia at my own risk.
- I accept full responsibility for my own health and safety during participation.
- I agree to follow all instructions given by Soulace instructors and staff, and to practice within my own limits.

Release of Liability

In consideration for being allowed to participate, I hereby release, waive, and discharge Soulace Indonesia, its owners, instructors, staff, and affiliates from any and all liability for:

- Personal injury, illness, accident, or property damage that may occur before, during, or after participation.
- Any claims, demands, or causes of action arising out of or connected to my participation.

Studio Policies

- Class packs, memberships, and workshops are subject to Soulace Indonesia's Class and Refund Policy.
- I understand that late cancellations and no-shows may result in forfeiture of sessions.
- Soulace Indonesia is not responsible for the loss or theft of personal belongings.

Consent to Emergency Care

In the unlikely event of an accident or medical emergency, I authorize Soulace Indonesia staff to obtain necessary medical treatment on my behalf. I agree to be responsible for any associated costs.

Photo & Media Release

I consent to Soulace Indonesia using photos or videos taken during classes for promotional purposes. I have the right to inform the instructors if I do not wish my image to be captured or used for promotional purposes.

Agreement

By signing below, I acknowledge that I have read, understood, and voluntarily agree to the terms of this Liability Waiver & Release.

Participant Signature: _____

Date: _____

If under 18, Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Upon signing this document, please send it to contact@soulacespace.com or WhatsApp it to +6281997623003