

TOWN OF WEST YELLOWSTONE AGREEMENT TO PARTICIPATE AND RELEASE FORM

_____ has my permission to participate in
the Town of West Yellowstone's *Yoga Program*.

Agreement to Participate Statement

I am aware that participating in the above class can be a dangerous activity involving
RISK OF INJURY, including but not limited to:

**Sprains, strain, fracture and broken bones, bumps, bruises, contusions, burns, bites
and weather related injuries.**

Because of the danger of participating in this class, I recognize the importance of
following the instructors' instructions regarding techniques, rules, and precautions, and
hereby agree to obey such instructions.

I hereby voluntarily and expressly assume all risks associated with participation in the
above class and agree to exonerate and save harmless the Holiday Inn, Town of West
Yellowstone, servants and employees, and the trip leaders from any and all liability,
claims, causes of action or demands of any kind and nature whatsoever which may arise
by or in connection with my participation in the above class.

The terms of this agreement shall serve as a release and my assumption of the risk shall
be binding on my heirs, estate, executor, administrator, assigns and all of my family
members.

Solely the laws of the State of Montana shall govern this agreement and any matter in any
way related to my participation in the above class.

DATE

Participant's Printed Name

Participants Signature

Guardian's Signature (If applicant is a minor)