iTHRIVE YOGA, LLC,

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND RELEASE OF LIABILITY AGREEMENT

The undersigned individual participant or parent or legal guardian of a minor participant (hereinafter, "I"), in consideration of being permitted to participate in yoga classes and/or related programs (the "Activities") offered by iThrive Yoga, LLC (the "Company") hereby executes this Acknowledgement and Assumption of Risks and Release of Liability Agreement (the "Agreement").

I acknowledge and agree that there are inherent risks associated with the Activities, including the risk of serious physical injury and death, and I affirm that I am physically, mentally, and emotionally capable of participating in the Activities. I further acknowledge and agree that the Activities may include intensive physical activity and exertion and I assume all risks associated with the Activities, including, but not limited to, the risk of serious physical injury and death and/or the aggravation of any previous injuries or conditions which I may have.

I affirm that I am voluntarily participating in the Activities and understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Activities. I acknowledge and agree that it is my continuing obligation to notify the Company of any medical conditions, injuries, or surgeries which might affect my ability to participate in the Activities.

I hereby give my permission to the Company, its employees or agents, and any emergency medical personnel to make emergency first aid decisions for me in the event of my incapacity.

I, FOR MYSELF, MY HEIRS, ASSIGNS, SUCCESSORS, AND LEGAL REPRESENTATIVES AND ANYONE CLAIMING BY OR THROUGH ME, HEREBY DISCHARGE, RELEASE, AND WAIVE ANY CLAIMS WHICH I MIGHT HAVE AGAINST THE COMPANY, ITS EMPLOYEES, AGENTS, SUCCESSORS, OR ASSIGNS (JOINTLY, THE "RELEASEES") ARISING OUT OF OR RELATING TO THE ACTIVITIES. I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE RELEASEES FROM AND AGAINST ANY THIRD PARTY CLAIMS ARISING OUT OF OR RELATING TO MY PARTICIPATION IN THE ACTIVITIES.

I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado and that if any portion of this Agreement is held to be invalid by a court of competent jurisdiction, the remainder of the Agreement shall remain in full force and effect.

I have read this Agreement and fully understand its contents. I voluntarily agree to the terms and conditions stated hereinabove.

|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

FIRST NAME LAST NAME

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

EMAIL

|___|___|___| - |___|___|___| - |___|___|___|___| |___|___| - |___|___| - |___|___|___|___|

PHONE BIRTH DATE

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How did you hear about us?

____

Health Concerns? Goals?

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Signature of Participant or Parent of Minor Date