



## ACKNOWLEDGEMENT OF RISK AND ASSUMPTION OF RESPONSIBILITY

**NOTICE:** There are elements of risk associated with any activity including, but not limited to yoga, breathwork, tai chi, chi gong, forest bathing, hiking, walking, swimming or cold plunging. We want you to know in advance what to expect and for you to be informed of the inherent risks.

**ACKNOWLEDGEMENT OF RISKS:** I understand that activities and events at Ripple Wellness location or sponsored by Ripple Wellness at other locations may include yoga, breathwork, tai chi, chi gong, forest bathing, hiking, swimming, cold plunging or other physical movements. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I recognize that there is an inherent risk of personal injury, illness and death. None of these activities are a substitute for medical attention, examination, diagnosis or treatment. I acknowledge that the following describes some, but not all, of these risks. There are risks when being outdoors that could include falling, exposure to sun, heat, rain, wind or cold, severe weather or falling trees, attack or disease encountered with insects or animals and hypothermia in cold water. There may also be risks arising from each person's balance, physical coordination and ability to follow instructions. There may also be risks arising from a person's cardiovascular and metabolic health. There may be risks from accidents or illnesses occurring in a remote location where there are no medical facilities. There may be risks associated with traveling off-trail or in the backcountry. There may be risk of transmission of viruses such as SARS-CoV-2 and associated illness. There are risks associated with cold water plunging that include involuntary gasping, rapid breathing, or hyperventilation, elevated blood pressure, and heart rate. Cold shock can cause an immediate panic, fear or stress reaction that could impair clear thinking and decision-making, could cause physical incapacitation or hypothermia. I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness or death.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** Knowing that these and other risks exist, I authorize my participation in this event. By signing this waiver, I certify that I am physically and mentally capable of participating in Ripple Wellness events. Certain activities are not recommended and are not safe under certain medical conditions and I affirm that I alone am responsible to decide whether to participate in any of the activities at this or future events.

**TERMINATION OF ACTIVITY:** I understand that Ripple Wellness may find it necessary to terminate any activity, or refuse or terminate the participation of any person for the safety of that individual and/or other participants.

**RELEASE OF LIABILITY:** I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Ripple Wellness and its instructors, providers or staff.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_