

Unity Wellness Project

Liability Waiver, Assumption of Risk & Media Consent

By participating in services, programs, classes, events, or activities offered by Unity Wellness Project, I acknowledge and agree to the following:

1. Voluntary Participation

I understand that my participation (or my child's participation) is voluntary and may include yoga, movement, health coaching, youth programming, wellness services, and community based activities.

2. Assumption of Risk

I understand that these activities involve inherent risks, including but not limited to:

- Physical injury
- Emotional discomfort
- Aggravation of pre-existing conditions
- Unforeseen risks

I knowingly and voluntarily assume all risks, both known and unknown, even if arising from the ordinary negligence of Unity Wellness Project or others.

3. Release of Liability (Washington State)

To the fullest extent permitted under the laws of the State of Washington, I hereby release, waive, and discharge Unity Wellness Project, including its:

- Directors and board members
- Employees, contractors, and volunteers
- Program facilitators and instructors
- Partner organizations and hosting facilities from any and all claims, liabilities, damages, or causes of action, including those arising from ordinary negligence, related to participation in any services or activities.

4. Indemnification

I agree to indemnify and hold harmless Unity Wellness Project from any claims, damages, or expenses (including attorney's fees) arising out of participation.

5. Medical Disclaimer

I understand that Unity Wellness Project does not provide medical or mental health diagnosis or treatment.

I affirm that I (or my child):

- Am physically and mentally able to participate
- Will disclose any relevant conditions or limitations
- Will stop participation if needed and seek medical care when appropriate

6. Emergency Care Authorization

I authorize Unity Wellness Project to obtain reasonable emergency medical care if needed. I understand I am responsible for any associated costs.

7. Third-Party Facilities

I understand activities may take place at partner or rented facilities, and this waiver applies to those locations and entities.

8. Minors

If I am signing for a minor, I certify that I am the parent/legal guardian and agree to all terms on their behalf.

9. Severability

If any provision of this agreement is found invalid under Washington law, the remaining provisions will remain in full effect.

10. Governing Law

This agreement is governed by the laws of the State of Washington.

11. Acknowledgment of Legal Rights

I understand that this is a legally binding waiver and release of liability, and that I am giving up substantial legal rights, including the right to sue.

I agree voluntarily and without coercion.

Photo & Media Release

I grant permission to Unity Wellness Project to use photographs, video, and/or audio recordings of myself and/or my child for:

- Website and social media
- Marketing and promotional materials
- Program and educational content
- Grant reporting and outreach

I understand that:

- No identifying personal information will be used without additional consent
- No compensation will be provided
- Media will be used respectfully and in alignment with Unity's mission
- I may revoke consent in writing for future use at any time

<input type="checkbox"/>	Yes, I agree to the Photo & Media Release
<input type="checkbox"/>	No, Please do not share photos online

Parties to this Agreement

Rebecca Norris

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<https://unitywellnessproject.org> | rebecca@unitywellnessproject.org

Client Information:

Digital Agreement

By selecting "I Agree" and submitting my registration or payment:

- I confirm I have read and understand this agreement
- I voluntarily agree to all terms
- This serves as my legally binding electronic signature

I agree

 Signature

Select date

Names and Ages of Minor Children included in this waiver