EVENT REGISTRATION WAIVER AND RELEASE OF LIABILITY FORM

Stony Run Winery Event: Yin Yoga & Sound Bath

Friday, September 25th, 2026

I understand that in consideration of my being permitted to participate in the event referenced above (collectively, the "Event/Activity"), wherever the Event/Activity may occur, I hereby attest that, after reading this Form completely and carefully, I acknowledge that my participation in the Event/Activity is entirely voluntary, and I further understand and agree as follows: ASSUMPTION OF RISKS: I hereby assume all of the risks of participating in all activities at Stony Run Winery and on or around the property surrounding Stony Run Winery, located at 150 Independent Rd., Breinigsville, PA 18031, including but not limited to, any risks that may arise from the negligence or carelessness of Stony Run Winery, their subsidiaries, affiliates, directors, officers, employees, partners, contractors, agents, representatives, volunteers, successors and assigns (collectively, the "Host") and/or from dangerous or defective equipment or property owned, maintained, operated or controlled by the Host. I understand that incidental to my participation in the Activity, I may be engaging in activities willingly knowing that they could result in the risk of serious personal injury, illness, permanent disability, dismemberment, and death, and that such participation may also involve the risk of severe economic and property loss and damage. I understand that these risks may result from the actions, negligence and failure to act of myself and others and from the condition of any property, facilities or equipment used. I also understand that there may be risks involved which are not known to me and may not be foreseen or reasonably foreseeable by any of us at this time or at the time of the Event/Activity. Despite knowing these risks, I hereby elect to voluntarily participate in the Event/Activity and agree to assume all related risks, including without limitation those enumerated above, and accept personal responsibility for any injury of any kind or nature that I or my property may suffer arising out of or in connection with my participation in the Event/Activity.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that I am physically fit for participation in the Event/Activity, have the skill level required in conjunction with the Event/Activity, and have not been advised otherwise. I agree that before I participate in the Event/Activity, I will inspect all my equipment and supplies. In connection with any injury sustained or illness or medical conditions (up to and including COVID-19) experienced during my attendance in connection with the Event/Activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary at my cost, if the need arises; however, I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment. In consideration for permitting me to engage in or participate in the Event/Activity, I agree for myself, my executors, administrators, heirs, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE the event host from any and all liability, including but not limited to, liability arising from the negligence of the host, for my death, disability, personal injury, property damage, property theft, or any other damage or actions of any kind which may affect or impact me in any way arising from my attendance at the Event/Activity. (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Host from any and all liabilities or claims made as a result of my participation in the Event/Activity, whether caused by the negligence of myself, the Host or otherwise. This Accident Waiver and Release of Liability Form ("Release Form") shall be construed in accordance with the laws of the state of Pennsylvania. This Release Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT; AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature _____ Date Signed_____

Participant Name (Please print legibly) _____