Yoga Release and Waiver of Liability

Full Name (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_

Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B.\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact #\_\_\_\_\_\_\_\_\_

Have you practiced yoga before? Yes/No Styles?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discovered us through: Social Media\_\_\_\_\_ Ad/Article\_\_\_\_ Walk--‐By\_\_\_\_

1. I will be participating in the Community Yoga Classes offered by Amy Kreider (AK YogaBliss) at Clinton Massie Elementary school, during which I will receive information and instruction about yoga and health. These classes entail physical activity and exertion by me. I recognize that such physical activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or medical condition.
2. I understand that it is my personal responsibility to consult with a physician regarding participating in the yoga classes and to receive prior approval to participate. I represent and warrant that I am physically fit and have no medical condition or injury that would prevent my full participation in the yoga classes. I have been examined by a licensed physician with in the past six months and have been found by such physician to be in good health and fully able to perform all yoga exercises. I agree that Amy Kreider (AK YogaBliss) has not and will not render any medical services including medical diagnosis of a customer’s physical condition.
3. I agree to assume full responsibility for any risks conditions, injuries or damages known or unknown which I might incur or aggravate as a result of my participation.
4. I knowingly, voluntarily and expressly waive any claim I may have or acquire against Amy Kreider (AK YogaBliss) for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the yoga classes.
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant not to sue Amy Kreider (AK YogaBliss) for any injury, condition or death which arises, is caused by, or is aggravated by reason of my participation in the program.
6. I agree that if I bring any personal property to the property and I store or leave the property I will do so at my own risk and that none of the Released Parties shall have any liability in the event of loss, damage, unauthorized use by any person other than a Released Party), theft or injury resulting from the personal property
7. I understand that it is my continuing responsibility to inform the instructor(s) and staff at Amy Kreider (AK YogaBliss) of all medical conditions, injuries, or surgeries prior to my first class and at such other times as I acquire information as to same.

 Please list all conditions, ailments, injuries and/or surgeries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. I understand that I have no claims against Amy Kreider (AK YogaBliss) by reason of their refusal to allow me to participate allow me to participate in the classes. All tuition and registration fees are non- refundable, nontransferable and cannot be extended.
2. **I have read the above Release and Waiver of Liability and I fully understand its contents. I voluntarily agree to the terms and conditions stated above.**

**Signature of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the participant is under 18: AS LEGAL GUARDIAN OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**I CONSENT TO THE ABOVE TERMS AND CONDITIONS.**

**Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**