

journey home yoga

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ OFFICE: _____ CELL: _____

HOW DID YOU HEAR OF US ? _____

E-MAIL ADDRESS : _____

Please list any physical conditions or disabilities, current or chronic, any medication taken at this time or any allergies. This information will help the instructor modify and tailor poses for your comfort and safety.

I, _____, hereby agree to the following:

1. That I am participating in the Yoga Classes offered by Journey Home Yoga during which I will receive information and instruction about Yoga and health. I recognize that Yoga involves physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Class.
3. In consideration of being permitted to participate in the Yoga Class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga Class, I knowingly, voluntarily and expressly waive any claim I may have against Journey Home Yoga for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue for any injury or death caused by their negligence or other acts.
6. I understand that all tuition and fees are non refundable and non transferable.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature _____ Date _____

As Legal Guardian of _____, I consent to the above terms and conditions.

Signature of Parent/Legal Guardian _____ Date: _____