

Agreement and Liability Release Form

Yoga by Kathleen Witte-Davis

Notice:

Before participating in this or any other exercise program, individuals should consult with their physician. A parent or legal guardian *must* accompany individuals under eighteen (18) years of age.

Voluntary Participation:

I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in the yoga, class, event, private instruction or activity sponsored by Kathleen Witte-Davis.

Acknowledgement:

I am aware that participation in the yoga class, event, private instruction or activity may be hazardous. I acknowledge that a certain minimum level of physical health, strength, fitness and flexibility will be required. I represent that I possess the level of health, strength fitness and flexibility necessary to participate in these activities. I am voluntarily participating in these activities with the knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

Release:

In consideration for being permitted to participate in the yoga class, even private instruction or activity, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue or attach the property of any the hosts, instructors, organizers or participants in the yoga class, event, private instruction or activity, including, but not limited to Kathleen Witte-Davis, for injury or damage resulting from my participation in such yoga class, event, private participants, their employees, agents and heirs, from any and all actions causes or actions, lawsuits, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or hereafter may have for any and all personal injury, illness, loss of or damage to property associated with my participation in the yoga class, event, private instruction or activity. I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to yoga classes, events, private instruction or activities with Kathleen Witte-Davis and all such hosts, instructors, organizers and participants.

Name: _____

Date: _____

Email Address: _____

Phone Number: _____