



NAVAWELL

PARTICIPATION WAIVER

Completion of this form is required by ALL patrons in order to be eligible for participation in NAWAWELL organized events and/or activities.

BASIC INFORMATION

(Please Clearly Print)

FIRST NAME		MIDDLE INITIAL	LAST NAME	
PHONE NUMBER	EMAIL		ZIP CODE	DATE OF BIRTH
<i>(000-000-0000)</i>				<i>(mm/dd/yy)</i>

WOULD YOU LIKE TO BE ADDED TO NAWAWELL'S NEWSLETTER LIST? (Check One)

YES!

NO, THANKS

No Spam! Just monthly updates about upcoming events, yoga tips, and cool stuff. We promise!

RELEASE OF LIABILITY

I am aware and understand that NAWAWELL is here to serve me by creating yoga related activities and sharing the knowledge of yoga and wellness to the best of their ability. By participating in NAWAWELL organized activities, I hereby waive and release any claim I might have at any point in time for injury or distress of any sort against NAWAWELL or any person or entity in any way involved therewith, including without limitation, its principals, instructors, employees, sub contractors, volunteers, and representatives.

I understand it is my responsibility to know my physical limitations and capabilities with respect to practicing yoga and/or other physical activities offered by NAWAWELL. It is my duty to acknowledge any limitations and monitor my own health and ability to practice. It is also my liberty to deviate from the instruction with respect to such limitations if I deem it necessary for my own health and safety. I agree to take full responsibility for not exceeding my limits in the practices taught, for selecting appropriate postures or activities, and for any injury that might occur during the session or activity.

I acknowledge that it is my responsibility to ascertain that there is no medical reason to prevent my participation in NAWAWELL activities. I also recognize that it is my responsibility to inform the instructor(s) when I begin participation in an activity of any condition that might affect my ability to participate and to inform the instructor immediately if any injury does occur during the activity or session. I understand that, during NAWAWELL activities, instructors may physically adjust my form in postures or movements to achieve correct alignment for my own development and/or safety. If I do not wish to receive such physical adjustments, I will communicate this to the instructor(s) before the start of each session I attend and will also inform instructor during adjustment when my limit has been reached.

I also understand and agree that NAWAWELL is not responsible for the safekeeping of my personal belongings during my participation in a NAWAWELL session or activity and is not liable for lost or stolen items.

SIGNATURE OF AGREEMENT

If the Participant is under the age of 18, I _____ as their legal guardian, fully
(please print)
understand the conditions of participation and agree to the terms above on the participant's behalf.

I have carefully read the release and I fully understand and agree to the terms above.

SIGNATURE: _____ **DATE:** _____