

Y O G A M A S S A G E

YOGA LIABILITY RELEASE FORM

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am postnatal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.

Assumption of Risk: I, the undersigned, am aware that there are significant risks involved in yoga and that my participation in a yoga program carries with it the potential for personal injury or death. I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for the potential consequences of those risks.

Release: I acknowledge that I am willingly participating in yoga and I have assumed all risks as described above. In consideration for my being allowed to participate in the activities described, I release and _____ and its agents and employees.

Indemnification: The undersigned participant recognizes that there is risk involved in the types of activities offered by _____. The participant accepts financial responsibility for injury that he or she may cause, either to himself or herself, or others. Should _____ be required to incur attorney's fees or costs to indemnify and hold harmless all the owners of _____ and their employees and independent contractors from any liability or injury associated with my participation in activities provided by _____.

Arbitration and Binding Law: This agreement is subject to and governed by the laws of the state of _____. I agree to participate in binding arbitration within six months of the incident giving rise to the cause of action, should any such action be required.

I acknowledge and agree that this is a binding contract. I understand that I am assuming the risks inherent in this activity, as well as releasing _____, and its assign for any liability for injury or death of any person or property caused by my negligent or intentional acts or omissions. I know I am waiving valuable legal rights.

Name: _____

Signature: _____

Date: _____