



NAME \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT NAME & RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT # \_\_\_\_\_

PREVIOUS YOGA EXPERIENCE IF ANY \_\_\_\_\_

ANY LIMITATIONS OR PREVIOUS INJURIES WE SHOULD BE AWARE OF?

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**AGREEMENT OF RELEASE AND WAIVER OR LIABILITY**

I, \_\_\_\_\_ (print name) hereby AGREE to the following:

1. I have discussed my participation in this sport or yoga exercise with my health care provider and certify that I am in good health and know of no illness or injury that may prevent me from participating.
2. I agree to listen to my body and participate according to my level of ability.
3. I am aware that participation in a sport of Yoga exercise may result in injury, and assume the risk connected with the participation in a sport of yoga exercise.
4. I represent that I am in good health and suffer from NO physical impairment that would limit my use of River Bend Yoga/ Abbie Hanson or Trestlebridge Office and Retail Park. Its officers and employees shall not be liable for any claim, demand, cause of action of any kind resulting from or relating to clients use of the facilities or participation in any sport, class, exercise and activity within or without the premises.
5. I agree to hold River Bend Yoga/ Abbie Hanson or Trestlebridge Office and Retail Park harmless from the same.

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF PARTICIPANT IS UNDER 18YRS

AS A LEGAL GAURDIAN OF \_\_\_\_\_, I CONCENT TO THE ABOVE TERMS AND CONDITIONS.

SIGNATURE OF PARENT OR LEGAN GAURDIAN \_\_\_\_\_

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