

CIDER HILL YOGA, LLC.  
435 CIDER HILL ROAD  
YORK, MAINE 03909  
207-363-6600

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office \_\_\_\_\_

Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Have you practiced yoga before? Please give details of how long and what style.

What benefits would you like to see from your yoga practice? This could relate to mind, body, spirit as well.

Please list any physical conditions or disabilities, current or chronic, any medication taken at this time or allergies. This information will help me to 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 Cider Yoga Hill and Yoga, LLC. 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 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 classes taken at Cider Hill Yoga, LLC.
3. In consideration of being permitted to participate in Yoga classes at Cider Hill Yoga, LLC, 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 classes given at Cider Hill Yoga, LLC, I knowingly, voluntarily and expressly waive any claim I may have against Cider Hill Yoga, LLC and Azme Properties, LLC 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.

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 Parent/Legal Guardian of \_\_\_\_\_ I consent to the above terms and conditions.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Thank you!