

(need to digitize)

HATHA YOGA & FITNESS
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Name/Phone of Emergency Contact: _____

Do you have any physical limitations or are there things we should know about your body? If so, please explain:

It is your responsibility to inform the instructor of any limitations before class begins.

WAIVER AND RELEASE: I am choosing to participate in yoga and fitness classes, health programs, workshops and other wellness, exercise and healing arts activities (collectively, the "Activities") offered by HATHA Yoga & Fitness ("Studio") and/or its owners, instructors, teachers, workshop presenters, employees and independent contractors. I understand that there are inherent risks in participating in the Activities, and I represent and warrant that I am in proper physical condition to participate in the Activities. In the event I have reason to believe that medical clearance must be obtained prior to participation in the Activities, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any Activities. I understand that the Studio reserves the right in its absolute discretion to refuse my participation in an Activity on medical, fitness or other grounds. Should symptoms of illness or injury occur during my participation in the Activities, I will immediately cease my participation and inform Studio personnel of those symptoms. In consideration of being permitted to participate in the Activities, I agree to listen to directions and assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Activities at the Studio. I am responsible for my own health and I release the Studio and its owners, employees and other representatives, from any claims, liabilities or damages for personal injuries that I may suffer directly or indirectly from the Activities. By signing below, I acknowledge that I have carefully read this release and waiver of liability and fully understand its contents, and that participation in the Activities is subject to the Terms and Conditions. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

I agree that Hatha Yoga & Fitness and it's employees are in no way responsible for the safekeeping of my personal belongings while I attend class.

Print name: _____ Signature: _____ Date Signed: _____

If participant is under 18:

As Parent or Legal Guardian of _____ I consent to the above terms and conditions.

Print name: _____ Signature: _____ Date Signed: _____

Please practice mindfully and may you enjoy the many benefits that yoga has to offer!