

ASCENDtIALS KemetiC Yoga

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: _____

Date of Birth: __/__/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems)?

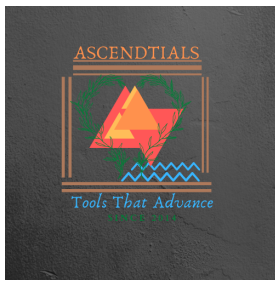
If so, please explain: _____ **It is**

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

Please read the following and ask if you have any questions.

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 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 for participating 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 post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible for deciding whether to practice yoga and participation is at my own risk.



I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against [STUDIO NAME / INSTRUCTOR NAME], its owners, officers, employees, and instructors.

I have read and fully understand and agree to the above terms of this Agreement and Release of Waiver of Liability. I am signing this agreement voluntarily and recognize that my signature serves as a complete and unconditional release of all liability to the greatest extent allowed by law in the State of [YOUR STATE].

Print Name: _____

Signature: _____

Date: ___/___/_____