

# Yoga Liability Waiver

I hereby agree to the following:

1. I am participating in classes during which I will receive information and instruction about yoga and health. I recognize that yoga requires 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 any physical fitness program, including yoga. I represent and warrant that I have no medical condition that would prevent my participation in physical fitness activities.
3. In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries, or damages, known and 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, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes **at St. Paul's United Methodist Church.**

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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

If registrant is under 18 a legal guardian's authorization is required:

AS LEGAL GUARDIAN OF \_\_\_\_\_

I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

GUARDIAN'S SIGNATURE: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Date: \_\_\_\_\_