



LIABILITY WAIVER

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Acceptance of Responsibility and Waiver of Liability

I acknowledge and agree that I am voluntarily participating in the yoga and/or movement classes or the workshops offered by [Teacher], during which I will receive instruction and information about said classes. I recognize that yoga and/or movement requires physical exertion, which may be strenuous and could cause injury. I agree to take full responsibility for not exceeding my limits in the practice of yoga and/or movement and for any injuries or discomfort I might experience in said practices. I am fully aware of the risks and hazards involved.

I agree to take care of myself. I understand that it is my responsibility to consult with a physician prior to and regarding participation in yoga and/or Pilates classes and workshops. I understand and accept that to properly teach and correct yoga and/or Pilates technique, physical contact between student and instructor may be necessary. I consent to such contact and recognize that the instructor will apply any necessary contact in a professional manner. I knowingly, voluntarily, and expressly waive any claim I may have against [Teacher] for injury or danger that I may sustain as a result of participating in any yoga and/or movement classes or workshops. I, my heir(s), or legal representative forever release, waive, discharge, and covenant not to sue [Teacher] for any injury or death caused by their negligence or other acts.

I take full responsibility for my personal belongings as well.

Signed: _____
Student

Address: _____

E-mail address: _____

Phone number: _____

Emergency contact: _____