

Yoga Shack Agreement of Release and Waiver of Liability



I, (print name) _____

Signature: _____ Date: _____

Hereby agree to the following:

- That I am participating in the Yoga Classes, Health Programs or Workshops offered by Yoga Shack during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Health Programs or Workshops.
- In consideration of being permitted to participate in Yoga Classes, Health Programs, or Workshops, 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.
- In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Yoga Shack for injury or damages that I may sustain as a result of participating in the program.
- I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Yoga Shack for any injury or death caused by their negligence or other acts.
- I release and discharge Yoga Shack, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from Yoga Shack's premises.
- I have read the above release and waiver liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Please consider the following:

- Help us keep the Yoga Shack a scent free environment
- Please refrain from using one use plastic water bottles
- Please observe complete silence in the Yoga Studio
- Learn what teachers are teaching each class by becoming a fan of Yoga Shack on Facebook and Twitter

Address	
Postal Code	City
Phone Number #	Date of Birth
Emergency Phone #	Relation
Occupation	Email
Have you done Yoga before	If so what type/when/where
List any injuries	
Under 18? Parent Name	Signature

Help Us Grow – Please help us to understand your goals by ranking the following with 1 being your top goal and 8 being your last.

Decrease Stress		Lose Weight		Meet new friends	
Increase Flexibility		Increase Strength		Increase Fitness	
Community		Eco-Friendly		Other:	

We would love to know how you heard about the Yoga Shack. If it was a friend please tell us who, so we can thank them.
