

### Yoga Agreement of Release and Waiver of Liability Form

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home address \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth DD / MM / YY \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any of the following conditions that your instructor should be aware of:

- Asthma                       Heart/Circulatory Problems                       Dizzy spells/Fainting
- Pregnancy                       High or Low Blood Pressure                       Diabetes                       Epilepsy/Seizures

Neck/Back/Spine injury: \_\_\_\_\_

Joint injury (ankle, knee, hip, elbow, shoulder): \_\_\_\_\_

Muscular Injury: \_\_\_\_\_

Other medical condition, injury or disability: \_\_\_\_\_

Recent Surgery: \_\_\_\_\_

Yoga Level:       Beginner       Intermediate       Advanced

By completing and signing this form, I hereby agree to the following:

1. That I am participating in a Yoga Class, Workshop, or Pre- registered yoga session offered by YOGA WITH ANYSA during which I will receive information / instruction about Yoga. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class, Workshop, or Pre-registered yoga session. I certify that I am physically fit and I have no medical condition, which would prevent my full participation in the Yoga Class, Workshop or Pre-registered yoga session.
3. 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 any yoga program at YOGA WITH ANYSA, including online livestreaming yoga.
4. I knowingly, voluntarily and expressly waive any claim that I may have against YOGA WITH ANYSA, its instructors and staff, and its owners, for any injury, death or damages that I may sustain as a result of participating in a Yoga Class, Workshop or Pre-registered yoga session
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above.

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

❖ If the participant is under **18 years of age:** As a legal guardian of: \_\_\_\_\_, I consent to the above conditions and terms.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_