

High Street Yoga

Agreement of Release and Waiver of Liability

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____ Birthday: _____

How did you hear about High Street Yoga? _____

Please list any current or chronic physical conditions, disabilities and or allergies and any medications taken at this time. This information will help the instructor modify and tailor poses for your comfort and safety.

I, _____, hereby agree to the following:

1. That I am participating in the Yoga classes offered by High Street Yoga during which I will receive information about Yoga and health. I recognize that Yoga involves 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 the Yoga classes. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga classes.
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 or unknown, which I might incur as a result of participating in the programs.
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 High Street Yoga for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue for any injury or death caused by their negligence or other acts.
6. High Street Yoga has consent to use tapings & photographs of workshops, classes and other related High Street Yoga events in publications or presentations.

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____

As Legal Guardian of _____, I consent to the above terms and conditions.

Signature of parent/legal guardian _____ Date: _____