

Yoga Bliss

Agreement of Release and Waiver of Liability

Last Name

Middle Initial First Name

Address

City State Zip

Home Phone - - Cell Phone - -

Work Phone - - x

Email Address

Occupation Birth Date - -

Emergency Contact Name

Emergency Contact Phone Number - -

1. I am a participant in Yoga Classes, Health Programs or Workshops offered by Yoga Bliss and all its future locations 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. 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 participation in the program.
3. I understand during classes at Yoga Bliss, instructors may physically adjust me. I release all personnel employed at Yoga Bliss from any claim whatsoever on account of adjustments, treatment or service rendered during my participation in Yoga Classes, Health Programs or Workshops.
4. 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 Bliss for injury or damage that I may sustain as a result of participation in Yoga classes, Health programs and Workshops.
5. I understand that it is my responsibility to consult a physician prior to and regarding my participation in Yoga Classes, Health Programs and Workshops. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my participation in the Yoga Classes, Health Programs or Workshops.
6. I assume all responsibility, for all risks of damage or injury that may occur to me as a student of Yoga Bliss courses and instruction while attending classes, participation in exercises, using Yoga Bliss facilities or entering or exiting the studio.
7. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Yoga Bliss for any injury or death caused by their negligence or other acts.
8. Furthermore, I give permission to Yoga Bliss to use photographs and/or comments in which I or family members have featured. Photographs and/or testimonials obtained during and Yoga Bliss sponsored event may be shared with program participants, and/or used as a part of a public display which may include the Yoga Bliss website and/or print and electronic publications.
9. Return Policy: I understand that merchandise purchased at the Yoga Bliss may not be returned for a refund but may be exchanged within 7 days of purchase with a receipt at the location it was originally purchased at.
10. Payment of Services: Students must sign-in and provide payment or proof of class series prior to participation in class – failure to do so may result in loss of membership.
11. Returned Checks: All returned checks will be charged a \$30.00 processing fee.

**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.**

Signature of Participant _____ Date _____

If under 18 years of age:
As legal guardian of _____, I consent to the above terms and conditions.

Signature of parent/guardian of participant _____ Date _____