

# Yoga's Nature

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Past Injuries and/or Medical Conditions (please list):

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Do you have high blood pressure? \_\_\_\_\_

Are you aware of the need for proper hydration? \_\_\_\_\_ yes \_\_\_\_\_ no

1. I, \_\_\_\_\_, hereby agree to the following:

I am aware that participation in a sport or Yoga may result in accident or injury, and I assume the risk connected with the participation in a sport or Yoga. I understand that if at any point in time I feel over exertion or fatigue, I will respect my own body's limitations. I knowingly, voluntarily and expressively waive any claim I may have against Yoga's Nature for injury or damage that I may sustain as a result of participating in classes and/or workshops. I understand that Yoga's Nature may physically adjust me from time to time. I release all personnel contracted by Yoga's Nature from any claim whatsoever on account of adjustments rendered during my participation in classes and or workshops. I understand that it is my responsibility to consult a physician prior to and regarding my participations in classes and/or workshops at Yoga's Nature. I hereby waive and release any claim that I may have at any time for injury of any kind against Yoga's Nature or any person or entity involved therewith, including but not limited to its instructors, contractors, and representatives. I have carefully read the above release of liability and fully understand its content. I voluntarily agree to the terms and conditions stated above.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

If the participant is under 18: AS LEGAL GUARDIAN OF \_\_\_\_\_, I  
CONSENT TO THE ABOVE TERMS AND CONDITONS.

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