



## Yoga Waiver & Release Form

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

I understand that yoga includes physical movements and that there is a risk of injury which cannot be entirely eliminated. In consideration of being permitted to participate in this class, I understand and agree to assume these risks. I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities. I agree to inform the instructor of any physical limitations prior to participating the class. If I experience any pain or discomfort during class, I will listen to my body, discontinue the activity, and ask for support from the instructor.

I understand yoga is not a substitute for medical attention, examination, diagnosis or treatment. I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any yoga classes, programs, or workshops. I also understand participation is at my own risk.

In further consideration of being permitted to participate in this class, I hereby release and forever discharge and hold harmless Forward Breath, LLC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature which arise or may hereafter arise from my participation in this yoga class. I understand this release discharges Forward Breath, LLC from any liability or claim that I may have against Forward Breath, LLC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation in this class, whether caused by the negligence of Forward Breath or its officers, directors, employees, or agents or otherwise.

I understand this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this release shall be governed by and interpreted in accordance with the laws of the State of Ohio.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ, UNDERSTAND, AND AGREE TO THIS "YOGA WAIVER & RELEASE FORM."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If participant is under 18, a legal guardian's signature is required as well.

\_\_\_\_\_  
Print Name of Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Address