

Yoga, Yahweh, and You @ Holy Cross
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ OFFICE: _____ CELL: _____

E-MAIL ADDRESS: _____

I HAVE PRACTICED YOGA BEFORE _____ YES _____ NO

Please share your prior yoga experience, years practiced, your interest in yoga, concerns, questions, and what you hope to gain from this yoga class. _____

Please list any physical conditions or disabilities, current or chronic, any medication taken at this time or any allergies. 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 Jaime Souza at Holy Cross Lutheran Church, during which I will receive information and instruction 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. If there is any doubt in my ability to participate in this Yoga Class, I will seek permission from my physician, who will provide written consent. ____
3. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Class. ____

4. In any physical activity, risk of serious physical injury is possible. I am aware that yoga is no substitute for medical diagnosis and treatment; that yoga practice and/or specific poses are not recommended for individuals with certain conditions (e.g., cardiac illness, later stages of pregnancy, post-surgery). ____
5. 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 program. ____
6. I knowingly, voluntarily and expressly waive any claim I may have against Jaime Souza or Holy Cross Lutheran Church for injury or damages that I may sustain as a result of participating in the program. ____
7. 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. ____
8. 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 _____ Date _____

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

Signature of Parent/Legal Guardian _____ Date: _____