



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

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY:** I agree to the following:

1. That I am participating in the yoga classes during which I will receive instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous. I am fully aware of the risk and the risks involved in doing such practice.
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 have no medical condition that would prevent my full participation in the yoga class.
3. I will assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participation in the yoga program.
4. I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, assistants, adjusters, Linda Lee, and/or Creative Holistic Counseling for injury or damages that I may sustain as a result of participating in the yoga program.

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

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

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

Street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact**

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

How did you hear about this group?: \_\_\_\_\_