

Yoga Liability Waiver Agreement

Name: _____

City: _____

Phone: _____

Email: _____

Emergency Contact Name and Phone: _____

*** I take privacy very seriously – your information including email address will never be shared with anyone ***

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am aware of this risk and affirm that participation is at my own risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any yoga class. My signature acknowledges I assume full responsibility for any and all injury which may incur through participation.

Yoga is not recommended under certain medical conditions. If I am pregnant, become pregnant, or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. By signing, I affirm that I will make the instructor aware of any medical conditions or physical limitations before class that may impact my ability to participate in yoga.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against the Certified Yoga Teacher. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Washington.

By signing, I also agree to the following **Cancellation Policy**: 24-hour cancellation notice -
- If cancelled less than 24 hours before class, there is a \$20 fee to be paid before any further classes will be scheduled. Packages must be completed within 5 months of purchase. If the Certified Yoga Teacher cancels a class due to her own illness or because of weather conditions, I will receive a full refund for that class or it can be rescheduled for a different date.

Printed Name: _____ **Date:** _____

Signature: _____