

Yoga Waiver

I acknowledge, agree and represent (on behalf of me or the minor listed below) that:

1. I am in good health and have no illnesses or injuries that would preclude me from participating in physical activities, specifically yoga classes.

2. I have been advised and instructed to consult with and obtain the advice and approval of a physician before starting or varying any exercise regimen.

3. I freely and voluntarily assume all risks inherent in participating in yoga classes.

4. I waive any and all claims, liabilities and damages of any kind or nature which may arise against Chere Thomas or Bruce Thomas as a result of my participation in any yoga class.

5. IT IS MY INTENTION TO EXEMPT AND RELIEVE CHERE THOMAS AND BRUCE THOMAS FROM LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY NEGLIGENCE OR OTHERWISE, TO THE FULL EXTENT ALLOWABLE UNDER APPLICABLE LAWS. I AGREE THAT UNDER NO CIRCUMSTANCES WILL I PROSECUTE OR PRESENT ANY CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE AGAINST CHERE THOMAS AND BRUCE THOMAS ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN OR PRESENCE AT YOGA CLASSES AT ANY TIME.

6. I certify that I HAVE READ AND UNDERSTAND this Release and Waiver. I further certify that it is my intention that this Release and Waiver is binding not only on me, but also my heirs, administrators, executors, successors and assigns. I am signing this Release and Waiver voluntarily and understand that it is legally binding.

7. **Please list medical problems:** (back, spine, neck, joint related, heart, blood pressure, surgeries, seizures, headaches, dizziness, etc. – please be specific):

Date: _____

Signature

Print name

Birth Date: _____

*If signing on behalf of a minor, please print
minor's name & your relationship here:* _____

Street Address: _____

City, State, Zip _____

Phone Number(s): _____

Email: _____

Person to contact in the event of emergency: _____

Phone Number(s): _____