

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

This document affects your legal rights. You must read and understand it before signing it.

I, (please print) \_\_\_\_\_, hereby agree to the following:

That I am participating in the Yoga Classes, Health Programs or Workshops offered by Green Tara Yoga and Healing Arts during which I will receive information and instruction about yoga and health. I recognize that these classes require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga classes, Health Programs or Workshops.

In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, 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.

In further consideration of being permitted to participate in the Yoga Classes, Health Programs and Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Green Tara Yoga and Healing Arts, its agents or contractors for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Green Tara Yoga and Healing Arts, its agents or contractors, for any injury or damage caused by their negligence or other acts.

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.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of participant

As legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of parent/guardian of participant.

Witnessed by: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

After one initial welcome email message, you will only be added to our email list if you make the request.

How did you learn about our studio? \_\_\_\_\_