



Participation Waiver

I, _____ agree to the following:

_____ I am participating in the yoga classes or another exercise programs offered by (instructors name or substitutes name) _____ during which I will receive information and instruction about yoga, physical exercise, or health. I understand physical exercise requires physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks involved.

_____ I understand that it is my responsibility to consult a physician prior to and regarding my participation in the yoga classes, health programs, or workshops offered by my instructor or substitute teacher. I am physically fit and have no medical condition, which would prevent my participation in these yoga classes, health programs, or workshops.

_____ If I am pregnant, I understand that I participate fully at my own risk and that of my unborn child/children.

_____ I agree to assume full responsibility for any risks, injuries, or damages know or unknown, which I might incur as a result of participating in the programs offered by my instructor or substitute teacher.

_____ I knowingly, voluntarily, and expressly waive any claim I may have against my instructor or substitute teacher for injury or damages that I may sustain as a result of participation in the program.

_____ I understand that from time to time during the yoga classes, the instructor may physically adjust students form and posture. If I do not want such physical adjustments I will inform the instructor at each class I attend. I also acknowledge that if I do wish to receive physical adjustments, it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time.

I, _____ take full and sole responsibility from any liability of loss or damage to personal property associated with the yoga classes or any other event,

_____ I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue my instructor or substitute teacher, it's employees, or the Clinton Community Nature Center for any injury or death 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 under my own free will. by writing my name below, I agree to the terms and conditions above.

Name: _____ Date: _____