

SAMADHI CENTER FOR YOGA, INC ADAPTIVE YOGA STUDENT WAIVER

Last Name _____ First Name _____ Middle Initial _____

If a minor, what is the parent's or guardian's name? _____

Address _____ City _____

State _____ Zip _____ Phone _____

Date of birth _____ Date of your injury _____

Emergency Contact _____ Phone _____ Relationship _____

Briefly describe your condition. List any precautions and contraindications. _____

What do you hope to gain from working with us? _____

To receive studio news from us by email, provide us with your email address. _____

How did you hear about us:

- Referral _____
- Advertisement – where? _____
- Online – where? _____
- Flyer _____
- Mailing _____
- Other _____

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in yoga classes or workshops offered by Samadhi Center for Yoga, Inc and its teachers and assistants during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes or workshops. I represent and warrant that I am physically fit given my condition and have no medical condition which would prevent my participation in the yoga classes or workshops.
3. I understand I must be willing to answer questions and speak freely about my physical condition.
4. I understand Samadhi Center for Yoga, Inc may require the presence and assistance of a family member or caregiver while I receive yoga instruction.
5. I understand that given the special nature of these classes and workshops, Samadhi Center for Yoga, Inc reserves the right to restrict or not allow participation due to safety concerns given my health or medical condition.
6. In consideration of being permitted to participate in the yoga classes or workshops, 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 program.
7. In further consideration of being permitted to participate in yoga classes or workshops, I knowingly, voluntarily, and expressly waive any claim I might have against Samadhi Center for Yoga, Inc and its teachers and assistants for any injury or damages that I may sustain as a result of participating in the program.
8. I, my heirs or legal representative forever release, waive, and discharge any right to sue Samadhi Center for Yoga, Inc and its teachers and assistants or any of her assistants 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.

Date: _____ Signature: _____