

Inner Strength Yoga Release Form

RELEASE AND WAIVER OF LIABILITY

Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures or asanas, are designed to exercise every part of the body- stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

I understand that at Inner Strength, I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing. By signing my name below, I acknowledge that participation at Inner Strength exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Inner Strength, Diana Miller, and/or any other persons who may teach at Inner Strength, from any and all liability, negligence, or other claims, arising from, or in any way connected, with my participation in yoga.

My signature further acknowledges that I shall not now, or at any time in the future, bring any legal action against Inner Strength yoga instructors; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant, or become pregnant, or am post-natal, my signature verifies that I am participating in yoga at Inner Strength with my doctor's full approval.

I realize I am participating in yoga at my own risk.

My signature is binding to this liability waiver from this day forth.

Date _____

Signature _____

IF UNDER 18 YEARS OF AGE

As legal guardian of _____, we consent to the above conditions.

Signature of Guardian _____

Name _____

Telephone _____

Address _____

City _____ State _____ Zip _____

Email Address (Please Print Clearly) _____

Medical Alert (injuries, physical limitations, ailments, etc)
