



Yoga Agreement of Release and Waiver of Liability Form

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home address \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any of the following conditions that your instructor should be aware of:

- Asthma, Heart/Circulatory Problems, Dizzy spells/Fainting, Pregnancy, High or Low Blood Pressure, Diabetes, Epilepsy/Seizures

Neck/Back/Spine injury: \_\_\_\_\_

Joint injury (ankle, knee, hip, elbow, shoulder) : \_\_\_\_\_

Muscular Injury: \_\_\_\_\_

Other medical condition, injury or disability: \_\_\_\_\_

Recent Surgery: \_\_\_\_\_

Yoga Level: Beginner Intermediate Advanced

By completing and signing this form, I hereby agree to the following:

- 1. That I am participating in a Yoga Class, Workshop, or Pre-registered yoga session offered by Coaching With a Purpose / Jacky Kalaani (CWAP) during which I will receive information / instruction about Yoga. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class, Workshop, or Pre-registered yoga session. I certify that I am physically fit and I have no medical condition, which would prevent my full participation in the Yoga Class, Workshop or Pre-registered yoga session.
3. 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 any yoga program at CWAP, including hot or warm temperature yoga.
4. I knowingly, voluntarily and expressly waive any claim that I may have against CWAP, its instructors, staff and owners, for any injury, illness, death or damages that I may sustain as a result of being in any facility used by CWAP or as a result of participating in a Yoga Class, Workshop or Pre-registered yoga session; including any loss that may be caused by the negligence of the released party.
5. I release and indemnify any and all parties affiliated with any facility in use by CWAP, against any claim, demand or action that I may have related to the loss, theft or damage of any of my personal property while at any CWAP event, and for any injury I may incur while participating in a CWAP class in such facility.
6. I, my heirs, assigns and legal representatives, hereby forever release, waive, and discharge any claims for negligence or other acts which I may otherwise have against CWAP, its instructors, staff and owners.

I have read the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

❖ If the participant is under 18 years of age: As a legal guardian of: \_\_\_\_\_, I consent to the above conditions and terms.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_