

## Yoga Teacher Liability Student Waiver Agreement

I \_\_\_\_\_ (printed name), on \_\_\_\_\_ (date) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education, and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated entirely. I acknowledge that yoga is an exploration of a person's physical and mental potential, and that my participation in yoga may cause potential death, serious injury, or property damage.

If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment.

Yoga is not recommended nor safe under certain medical conditions.

With a full understanding of the potential risks, I hereby assume the risks of participating in a yoga class and affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably waive, release, and discharge any claims and/or liabilities for death, personal injury, or damages of any kind, except that which is the result of gross negligence and/or misconduct of the persons or entities listed below, that I have now or hereafter may have against the following persons or entities:

Jessica Colleen Walker or Be Loving Yoga, LLC

I agree to not sue any of the persons or entities listed above for any of the claims or liabilities that I have waived, released, or discharged herein. I indemnify and hold harmless the persons or entities mentioned from any claims made or liabilities assessed against them as a result of my actions.

### Student Contact

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

Would you like to be added to the email mailing list? (Circle) YES or NO

### Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_