

Name _____

Address _____

City/State/Zip Code _____ Phone #(s) _____

Email _____

Referral Source _____

Agreement of release and waiver of liability (please read and sign):

I hereby agree to the following: (1) I am participating in yoga classes 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 yoga classes. (3) In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program. (4) In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Yoga Kula.

I authorize Yoga Kula to use, reproduce and/or publish photo and or video that may pertain to me without compensation. I understand this material may also appear on Yoga Kula's web page and social media, and may be used in various publications, releases, advertising, and promotional materials. This authorization is continuous and can only be withdrawn by specific authorization.

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.

Signature of participant: _____

Date: _____

