

Yoga Release and Waiver of Liability

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Age: _____ Birthdate: _____

Email: _____

Emergency contact: _____ Phone: _____

Relationship: _____

Yoga experience: _____

Injuries or areas of discomfort: _____

I understand that SUP Yoga DSM/ owner / instructors, shall NOT be held liable for any injuries or damages whatsoever, included but not limited to injuries or damages resulting from active / passive negligence by the instructor. I further agree SUP Yoga DSM/ owner / instructors shall not be liable or responsible for lost or stolen personal property, cash, or valuables. I acknowledge that I have either had a physical examination and been given permission to participate or that I have decided to participate in activities and use equipment without the approval of my physician. I DO HEREBY ASSUME ALL RESPONSIBILITY FOR PARTICIPATION IN ACTIVITIES AND UTILIZATION OF EQUIPMENT.

Furthermore, the undersigned acknowledges, understands, and recognizes that any and all fitness involves the risk of personal injury and the risks have been fully explained to me. I agree to monitor my own resistance and fully assume the risk of injury regardless of the cause.

The undersigned agrees he/she is at least 21 years old and is not pregnant at the time of the activity.

By signing below, I consent to a professional photographer, media and or authorized instructor to use any photos and/or video taken of me for promotional purposes.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____