

Kundalini Yoga Liability Waiver

I hereby agree to the following:

1. I am participating in classes or services during which I will receive information and instruction about yoga and health. I recognize that kundalini 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 any physical fitness program, including kundalini yoga. I represent and warrant that I have no medical condition that would prevent my participation in physical fitness activities.

3. In consideration of being permitted to participate in the kundalini 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 kundalini 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 at Michelle's Massage Therapy & Holistic Spa.

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.

Printed Name: _____

Signature: _____

Emergency Contact: _____

Phone Number: _____ Date: _____

