



RELEASE AND WAIVER OF LIABILITY

Name _____

Phone _____ D.O.B. ____/____/____

E-Mail _____

Name/Phone of Emergency Contact:

I represent and warrant that I am in good physical health and do not suffer from any medical condition that would limit my participation in any classes, workshops or events offered by CALIFORNIA YOGA, LLC. These classes may entail intensive physical activity and exertion by me. I recognize that such physical activity and exertion may be difficult and strenuous and may cause or aggravate a physical injury or medical condition. I am fully aware of, and accept, the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding participating in the yoga classes or workshops, and to receive prior approval to participate.

I hereby WAIVE AND RELEASE CALIFORNIA YOGA, LLC, its owners, officers, employees and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga classes, workshops, or other activities offered by CALIFORNIA YOGA, LLC, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Ohio.

Print Name _____

Signature _____ Date ____/____/____

If Participant is under 18:

As Parent or Legal Guardian of _____,

I consent to the above terms and conditions.

Print Name _____

Signature _____ Date ____/____/____