

Yoga Agreement of Release and Waiver of Liability Form

Name: _____

Address: _____

Email: _____ Phone Number: _____

Date of birth: _____

Emergency Contact Name & Phone: _____

Do you have any medical conditions that your instructor should be aware of:

Yoga Level: ☐ Beginner ☐ Intermediate

1. I hereby agree to this and the following: That I am participating in a Yoga Class, Workshop, or Pre- registered yoga session offered by LaFrance Yoga during which I will receive information / instruction about Yoga. I recognise that yoga may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class, Workshop, or Pre-registered yoga session. I certify that I am physically fit and I have no medical condition(s) which would prevent my full participation in the Yoga Class, Workshop or Pre-registered yoga session.
3. In consideration of being permitted to participate in the Activities, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Yoga Class, including those which may result from the negligence of the School.
4. I knowingly, voluntarily and expressly waive any claim that I may have against LaFrance Yoga, its instructors and staff, and its owners, for any injury, death or damages that I may sustain as a result of being in the LaFrance Yoga classes or premises, online or in person, or as a result of participating in a Yoga Class, Workshop or any yoga session; including loss that may be caused by the negligence of the released party.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue LaFrance Yoga for any claim, a claim of any negligence, or any other acts whatsoever.

I have read the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above.

Participant signature: _____

Date: _____

❖ If the participant is under **18 years of age:** As a legal guardian

of: _____, I consent to the **above conditions and terms.**

Signature of parent/guardian: _____

Date: _____