

CENTRAL STREET YOGA, LLC  
AGREEMENT OF RELEASE  
AND WAIVER OF LIABILITY



I, \_\_\_\_\_ hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs, Workshops or Yoga Therapy offered by Ruth Brooke and Central Street Yoga, LLC 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 the Yoga Classes, Health Programs, Workshops or Yoga Therapy. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in the Yoga Classes, Health Programs, Workshops or Yoga Therapy.
3. I have discussed any physical limitations that I have with my health care provider and with the instructor. I understand that it is my responsibility to refrain from any activities that have been contraindicated for me and to monitor my bodily sensations throughout the Yoga Classes, Health Programs, Workshops or Yoga Therapy.
4. In further consideration of being permitted to participate in the Yoga Classes, Health Programs, Workshops or Yoga Therapy, I knowingly, voluntarily and expressly waive any claim I may have against Ruth Brooke and Central Street Yoga, LLC for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Ruth Brooke and Central Street Yoga, LLC for any injury or death caused by their negligence or other acts.

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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

If participant is under 18:

As legal guardian of \_\_\_\_\_, I consent to the above terms and conditions.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
OF PARTICIPANT

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_