

Yoga at Ocean County Artists Guild

Agreement of Release and Waiver of Responsibility

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Have you done Yoga previously? _____ If yes, what type of class _____

Are there any special health concerns, previous injuries, or recent surgeries that we should be aware of? _____

I understand that it is my responsibility to inform the instructor of any injuries, illnesses, and other limitations before each class.

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 the classes offered at Ocean County Artists Guild.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the classes. If I am pregnant, become pregnant, or I am postnatal or postsurgical, my signature verifies that I have my physician's approval to participate. I understand and take responsibility for any risks associated with this class. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I have read and understood the above.

I hereby WAIVE and RELEASE Ocean County Artists Guild and the instructor from any claims, demand, cause of action of any kind relating to my participation in the program offered. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement.

Please practice mindfully listen to your body, and have fun & enjoy!

Signature _____ Date _____