



## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FORM

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

1. That I am participating in the yoga class or workshop, offered by Half Moon Yoga, during which I will receive information and instruction about yoga and health. I recognize that yoga may require some 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 yoga class or workshop. I represent and warrant that I am physically fit and I have no medical conditions which would prevent my full participation in any yoga class or workshop.
3. In consideration of being permitted to participate in the yoga class or workshop, 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 program.
4. In further consideration of being permitted to participate in the yoga class or workshop, I knowingly, voluntarily and expressly waive any claim I may have against Half Moon Yoga, its owner(s), and class or workshop sponsor, for any 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 negligence or other acts. I have read the above release and waiver of liability, I fully understand its contents, and I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
*Registration Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Street*                                      *City*                                      *State*                                      *Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Physical Concerns*

\_\_\_\_\_  
*Birthdate*

\_\_\_\_\_  
*Emergency Contact (Name, Relation)*

\_\_\_\_\_  
*Emergency Phone*

\_\_\_\_\_  
*Email*

**If registrant is under 18 a legal guardian's authorization is required:**

AS LEGAL GUARDIAN OF THE ABOVE NAMED, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
*Guardian's Signature*

\_\_\_\_\_  
*Date*