

Gary Martin, Yoga Instructor, Edmonds, WA

gary@yogagary.com

Agreement of Release and Waiver of Liability

Student Information

First Name _____ Last Name _____

Phone () _____ - _____ Email: _____

Address _____

City: _____ State _____ Zip _____

Date of Birth _____

Emergency Contact _____ Phone () _____ - _____

I, _____, hereby agree to the following:

I acknowledge 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.

I hereby release my instructor, Gary Martin, and all sponsoring agencies from responsibility for any injuries I may receive as a result of participation in yoga classes and programs taught by Gary Martin.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I certify that my level of physical condition determined by myself and my physician will allow me to safely participate in yoga classes.

I will communicate to Gary Martin about any condition(s) that could affect my safety while participating in yoga.

I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Gary Martin or sponsoring agencies for any injury or death caused by their negligence or other acts.

I further state that I have read and understand this release, agree to the terms and conditions stated above, and that I am legally competent to sign this release.

Signed: _____

Date: _____

If the participant is under 18:

As a legal guardian of _____,

I consent to the above terms and conditions.

Signature of parent/guardian _____

Date: _____