

The Yoga Element Client Waiver Form

Thank you for choosing to work with The Yoga Element. We look forward to showing you the many benefits that yoga has to offer. Yoga, however, is a physical activity and even with the best of intentions injuries may result, discomfort may occur or prior conditions may be aggravated. Please take responsibility for your own body. Practice with awareness and care and do not let any person or situation push you beyond your capabilities. If you are pregnant or have a medical condition, i.e. low blood pressure, heart condition, or previous or current injuries, please let your teacher know prior to the class. We ask that you sign the waiver form as a mutual expression of good faith.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Please read carefully

To: Cecily Milne, operator of The Yoga Element

My participation is completely voluntary. I am aware that yoga is a physical activity and I could injure a part of my body or trigger or exacerbate any medical condition I may already have, such as a heart condition, asthma, blood pressure, pregnancy, or any other medical condition that may be affected by performing breathing exercises or from the performance of yoga postures. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga practice and/or certain poses are not recommended and are not safe for individuals with certain medical conditions.

I FREELY ACCEPT AND FULLY ASSUME ALL PHYSICAL RISKS TO MY BODY OR MY HEALTH WHICH MAY ARISE FROM MY TAKING YOGA CLASSES, INCLUDING THE RISKS OR HEALTH HAZARDS REFERRED TO ABOVE AND I FREELY ACCEPT AND FULLY ASSUME THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

If I elect to use mats, blocks, straps or any props or equipment from The Yoga Element, I understand that such equipment has been used by other students, and I further and fully assume all risks and responsibility for infection, disease, bodily injury or damage I may sustain whether due to negligence or otherwise. I have the right and duty to inspect the facility and equipment to be used and if I believe anything is unsafe or beyond my capability, I will immediately advise the instructor of such conditions and refuse to participate.

I hereby release from, waive, discharge all actions, claims or demands that I, my assignees, heirs, next of kin, guardians, executors, estate trustees, administrators, and legal representatives now have or may have in the future against Cecily Milne and any other instructors associated with The Yoga Element on account of any personal injury or injury to my health or consequential loss I may suffer or that my next of kin may suffer on my behalf, arising out of or as a result of my doing yoga including negligence on the part of Cecily Milne or other instructors at The Yoga Element.

And further I agree to hold harmless and indemnify Cecily Milne and any subcontracted instructors at The Yoga Element from any liability which may arise out of or result from any personal injury to my health or resulting consequential damages there from and this Release shall be effective and binding upon my assignees, heirs, next of kin, guardians, executors, estate trustees, administrators, and legal representatives.

I have read and understood this release and prior to signing it I am aware that by signing it I am waiving certain legal rights and I do sign it voluntarily. I agree to participate knowing the risks and conditions involved and do so entirely of my own free will.

Date: _____, 201__

Signature: _____ Name (please print): _____