**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

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

1. That I am participating in the Yoga Classes offered by Laura Hanson during which I will receive information and instruction about yoga and wellness. I recognize that yoga requires physical exertion that 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. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes.

3. In consideration of being permitted to participate in Yoga Classes 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 Yoga Classes I knowingly, voluntarily and expressly waive any claim I may have against Laura Hanson 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 Laura Hanson or Brianna Renner 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.

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**DATE SIGNATURE OF PARTICIPANT**

If participant is under 18:

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

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DATE SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT

WITNESSED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not all exercise is suitable for everyone, and this or any exercise program may result in injury. Consult with your doctor before you practice yoga.

To reduce the risk of injury, never force or strain yourself during exercise. If you feel pain, stop, and seek medical attention if necessary.

Menstruating women should refrain from performing inverted poses, back bends, or vigorous standing poses. Pregnant women should not perform abdominal twists, bends or tightening exercises. Those with special health considerations should consult their medical practitioner before performing any exercise.