

YOGA CONNECTIONS, LLC
LIABILITY WAIVER

Agreement of Release and Waiver of Liability

This form covers all classes offered by Rhonda Geraci and her any other yoga instructor with Yoga Connections, LLC. Please fill out the following. Be sure to read and initial each paragraph.

I, _____, hereby agree to the following:

I am participating in Yoga, other Programs, Workshops, or Therapies offer by any instructor with Yoga Connections, LLC during which I receive information and instruction about healthy and safe practices. I understand it is my responsibility to alert the instructor about any surgeries, accidents, physical or emotional issues that may affect my practice. This way the teacher can make the necessary modifications. These include but are not limited to big issues, like knee, hip, shoulder, neck and back, or small issues such as fatigue, fever, headaches, menstruation and the like _____.

I recognize that these classes and workshops may require physical exertion, which may be strenuous and while all efforts will be made to keep me safe, this practice could result in physical injury, and I am fully aware of the possible risks and hazards involved. _____.

I understand that it is my responsibility to consult with a physician before and regarding my participation in Classes, Workshops and Therapies. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these Classes, Workshops and Therapies. (Doctor's release may be required for certain Programs).
_____.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating a Yoga Connections Class, Program, Workshop or Therapy. I agree to inform my instructor/teacher of any physical limitations, physical discomfort and/or injuries before or during classes, and I take full responsibility for nondisclosure.
_____.

In further consideration of being permitted to participate in Classes, Workshops, Programs and Therapies, I knowingly, voluntarily and expressly waive any claim I may have against Rhonda Geraci, her instructors or Yoga Connections, LLC, as well as the owners of the building within which Classes, Workshops, Programs, and Therapies are held for injury or damages that I may sustain as a result of participating in this program. _____.

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above.
_____. Signature of Participant: _____ Date: _____

If participant is under 18: As legal guardian of _____, I consent to the above terms and conditions. Signature of participant _____
Date: _____ Witness by: _____