



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I _____ hereby acknowledge and agree to the following:

(Please print full legal name)

1. That I am participating in Yoga classes and/or workshops offered by Breathing Space Yoga & Wellness Services where I receive information and instruction about Yoga and holistic health practices.
2. I am fully aware that I am participating in Yoga classes and/or workshops that involve physical activity and exertion which may be strenuous and can cause injury.
3. I am fully aware of the risks and hazardous involved in participating in Yoga classes and/or workshops and I understand that it is my responsibility to consult with a physician prior to and regarding participation in classes and/or workshops at Breathing Space Yoga & Wellness Services. Therefore, I represent and warrant that I am in proper physical condition and I have no medical condition that would prevent my participation in the above said programs.
4. In consideration of being permitted to participate in Yoga classes and/or workshops, 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 any of the above said programs at Breathing Space Yoga & Wellness Services.
5. In further consideration of being permitted to participate in Yoga classes and/or workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Breathing Space Yoga & Wellness Services, its owners, instructors, and agents, in the present as well as in the future for any injuries or damages known or unknown that I may sustain as a result of participating in the above said programs.
6. I, my heirs, or legal representatives, forever release, waive, discharge, and covenant not to sue Breathing Space Yoga & Wellness Services, its owners, instructors, and agents for injury or damages that I may sustain as a result of participating in any of their classes and/or workshops, either on their premises or elsewhere.

By signing below, I certify that I have read the above Agreement of Release and Waiver of Liability and I fully understand its contents. I voluntarily sign this document accepting the terms and conditions stated above.

Participant Signature _____ **Date** _____

If the participant is under 18 years of age:

As the legal guardian of _____ (print full legal name) I consent to the stated conditions and terms of this Agreement of Release and Waiver of Liability. I also understand that should my child become injured during participation in a program and/or workshop, appropriate medical attention will be called to the location.

Signature of Parent/Guardian _____ **Date** _____