

Agreement of Release and Waiver of Liability

I am aware that yoga requires physical exertion that may cause physical injury and I am aware of the risks and hazards involved.

I am in good health and suffer from no physical impairment which would limit my participation in these classes.

I have the following limitations..

or

Virginia
Yoga
Week

RIVER'S EDGE
YOGA

If any physical impairments should arise at a later date, I agree to make my instructor aware of them before my further participation in classes.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these classes.

I agree to assume full responsibility for any risks, injuries or damages which I might incur as a result of participating in these classes. I agree to hold Virginia Yoga Week, Alexandria Yoga LLC DBA River's Edge Yoga and their employees and agents harmless from same.

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.

Signature (Parent, if Minor)

Printed Name

Emergency Contact Number

Email Address

Date