

Yoga Waiver & Release Form

Birth Date:/	Name:			
Email: Emergency Contact Name: Emergency Contact Phone: I understand that yoga includes physical movements and that there is a risk of injury which cannot be entirely eliminated. In consideration of being permitted to participate in this class, I understand and agree to assume these risks. I agree to follow a instructions so that I may safely participate in classes, workshops, or other activities. I agree to inform the instructor of any physical limitations prior to participating the class. If I experience any pain or discomfort during class, I will listen to my body, discontinue the activity, and ask for support from the instructor. I understand yoga is not a substitute for medical attention, examination, diagnosis or treatment. I represent and warrant that I is my responsibility to consult with a physician prior to and regarding my participation in any yoga classes, programs, or workshops. I also understand participation is at my own risk. In further consideration of being permitted to participate in this class, I hereby release and and forever discharge and hold harmless Forward Breath, LLC and its successors and assigns from any and all liability, claims, and demands of whatever kis or nature which arise or may hereafter arise from my participation in this yoga class. I understand this release discharges Forward Breath, LLC from any liability or claim that I may have against Forward Breath, LLC from any liability or claim that I may have against Forward Breath, LLC from any liability or damage that may result from my participation in this class, whether caused by the negligence of Forward Breath, or property damage that may result from my participation in this class, whether caused by the negligence of Forward Breath or its officers, directors, employees, or agents or otherwise. I understand this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this release shall be governed by and interpreted in accordance with the laws of the State of Ohio. By	Birth Date:/			
Emergency Contact Name:	Address:	City:	State:	Zip:
Emergency Contact Name:	Phone:			
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Print Name of Guardian Signature Date	Print Name of Guardian Signatu	ure	Date	_
Guardian's Address	Guardian's Address			

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