

**INSTRUCTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ATTACH PAYMENT:** \_\_\_\_\_ **(First Class is \$10)**

**PRINT STUDENT'S NAME:** \_\_\_\_\_

## **NEW STUDENT - Agreement of Release and Waiver of Liability**

I, \_\_\_\_\_, hereby agree to the following:  
(Print name)

1. That I am participating in classes offered by **Windhorse Yoga Studio** during which I will receive information about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware that, as with any physical activity, there are risks and hazards involved.
2. I acknowledge 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. Further, I understand that all yoga exercises and lessons shall be taken at my sole risk.
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 Yoga Classes at **Windhorse Yoga Studio**.
4. In further consideration of being permitted to participate in Yoga Classes, I knowingly, voluntarily and expressly waive any claim I may have against **Windhorse Yoga Studio** for injury or damages that I may sustain as a result of participating in Yoga Classes.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue **Windhorse Yoga Studio** for any injury or death caused by their negligence or other acts.
6. By signing below, I hereby agree to irrevocably release and waive any claims that I have now or hereafter made against **Windhorse Yoga Studio** and any of its instructors, owners, partners, officers or employees.

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.

\_\_\_\_\_  
Participant's Signature

Phone #: \_\_\_\_\_ (We will contact you only if we have a billing question.)

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**If participant is under 18:** As legal guardian of \_\_\_\_\_,  
I consent to the above terms and conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Participant