



Yoga Liability Waiver & Release Form

Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I further agree to irrevocably release from liability, waive any claims that I may have now or hereafter and hold harmless VLS Inc, Eclipse Center for Creative Community, their contractors, volunteers, staff, associates, agents, heirs and assigns, from any and all claims arising out of the undersigned's participation for personal injuries sustained or arising out of any activities that are in any way related to the event site hosted therein.

By signing this agreement I acknowledge:

- That I have read this agreement, understand the full force and effect of the Liability Waiver Agreement and enter into the same upon my own volition. This agreement binds the parties hereto as well as their heirs and representatives.
- I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Pennsylvania.

Signature: _____ Date: _____