



Agreement of Release and Waiver of Liability For Group Yoga Class(es) with Zen Vibe Yoga, LLC

Please indicate any current, past, or chronic physical conditions or disabilities, any medication taken in the past or at this time, and/or any allergies (e.g. **essential oils**) which might limit your participation in yoga:

Please Initial Next to Each Number and Sign at the Bottom:

I, _____ hereby agree to the following:
(Name of Participant in All Capital Letters)

- _____ 1. That I am participating in group yoga class(es) with Zen Vibe Yoga, LLC during which I will receive information about yoga and yoga instruction. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- _____ 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the group yoga class(es) with Zen Vibe Yoga, LLC. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in group yoga class(es) with Zen Vibe Yoga, LLC.
- _____ 3. In consideration of being permitted to participate in the group yoga class(es) with Zen Vibe Yoga, LLC, 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 group yoga class(es) with Zen Vibe Yoga, LLC.
- _____ 4. In further consideration of being permitted to participate in group yoga class(es) with Zen Vibe Yoga, LLC, I knowingly, voluntarily and expressly waive any claim I may have against Zen Vibe Yoga, LLC for any injury or damages that I may sustain as a result of participating in group yoga class(es) with Zen Vibe Yoga, LLC.
- _____ 5. I, my heirs, and/or legal representatives, forever release, waive, discharge and covenant negligence or other acts by Zen Vibe Yoga, LLC.

I have read the above release and fully understand its contents, and voluntarily agree to the terms and conditions.

Participant Name: _____

Participant Signature (18 years of age or older): _____

Date: _____

Guardian Name (if participant under 18 years old): _____

Guardian Signature (if participant under 18 years old): _____

Date: _____

Email Address: _____

Emergency Contact: _____ **Emergency Contact Phone #:** _____

How Did You Hear About Us? (circle one) Google Yelp Social Media Other: _____