



*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

Phone: _____ *E-mail: _____

*Emergency Contact Name: _____ Relationship _____

Emergency Contact Phone: _____ (denotes required fields)

Please provide any health-related information:

How did you hear about us? _____

LIABILITY WAIVER

1. I agree and acknowledge that:

- a. I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death.
- b. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.
- c. I also understand that:

- _____ All payments are non-refundable or transferrable for any reason, including, but not limited to vacation, illness and injury.
- _____ The scheduling and content of classes may be changed on occasion.
- _____ I will notify instructors immediately of any pain and/or major discomfort felt during any activity.

“I, _____, have enrolled in the class(es) offered through **Here&Now Yoga+Body**. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by **Here&Now Yoga+Body**.”

“In consideration of my participation in this program, I hereby release **Here&Now Yoga+Body** and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.” “I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release **Here&Now Yoga+Body** and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.”

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

(Participant Signature)

_____/_____/_____

(Date)