



**Waiver of Liability**  
*Be Light Yoga & Wellness by Rachele Ciccone*  
Columbia, CT  
[www.belight.life](http://www.belight.life)  
860-494-5393

Yogi's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact Name/Number: \_\_\_\_\_

I represent and warrant that I am in good physical health and do not suffer from any medical condition(s) that would limit my participation in the classes offered by *Be Light Yoga & Wellness by Rachele Ciccone*.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes offered by *Be Light Yoga & Wellness by Rachele Ciccone*.

I understand the risks associated with the activities offered by *Be Light Yoga & Wellness by Rachele Ciccone* and I agree to follow all instructions so that I can safely participate in yoga classes.

I acknowledge that participation in yoga classes or any other fitness exercise classes exposes me to possible risks of personal injury. I am fully aware of these risks and hereby release *Be Light Yoga & Wellness by Rachele Ciccone*, and/or any other persons who may teach at *Be Light Yoga & Wellness by Rachele Ciccone*, from any and all liability, negligence, or other claims arising from, or in any way connected with my participation in their yoga classes and any other exercise classes offered by them.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the benefits of practicing yoga with *Be Light Yoga & Wellness by Rachele Ciccone*.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_