RELEASE AND WAIVER OF LIABILITY

I,	, will be participating in yoga classes offered at [LOCATION NAME], located at [LOCATION
ADDRESS] (the "Premises"). Catherine Pigg and Aquinas Mo	I will be receiving information and instruction about yoga, fitness, and health, from a certified yoga instructor, wes LLC (the "Instructor"). I understand and acknowledge that there are inherent risks associated with any exercise
	full responsibility for any risks, injuries, damages, conditions, known or unknown, which I might incur or aggravate hese classes. I am responsible for my own safety, physical health, and well-being. I knowingly, voluntarily, and
	laims I may have or acquire, or which may be acquired by my heirs or assigns, against the Premises or the Instructor,
for injuries, damages, or condit	ions caused or aggravated by reason of my participation in these classes, regardless of fault. I agree not to sue the on any claims arising as a result of my participation.
-	d with medical professionals of my choosing and that I have been cleared to participate in the exercise program
or ailments prior to my participrespect my medical health and	derstand that it is my continuing responsibility to inform the Instructor of any medical conditions, injuries, surgeries, pation in each class. I understand that it is my continuing responsibility to honor my body and any limitations; to take full responsibility for my own safety and the outcome of any actions I choose to take in class. Neither the pe held accountable for any injuries, damages, or conditions.
I have read the above Relected above.	ase and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and
Print Name:	
Signature:	Date:
	MINOR RELEASE AND WAIVER OF LIABILITY
I,	, am the parent/guardian/legal representative for minor
Participant will be receiving inf Moves LLC (the "Instructor"). assume full responsibility for ar of participating in these classes. waive and release all claims the or the Instructor, for injuries, da	icipating in yoga classes offered at [LOCATION NAME], located at [LOCATION ADDRESS] (the "Premises"). The formation and instruction about yoga, fitness, and health, from a certified yoga instructor, Catherine Pigg and Aquinas I understand and acknowledge that there are inherent risks associated with any exercise program, and I agree to by risks, injuries, damages, conditions, known or unknown, which the Participant might incur or aggravate as a result I am responsible for the Participant's safety, physical health, and well-being. I knowingly, voluntarily, and expressly Participant has, or that I may have or acquire, or which may be acquired by my heirs or assigns, against the Premises images, or conditions caused or aggravated by reason of the Participant's participation in these classes, regardless of ises, or the Instructor based on any claims arising as a result of the Participant's participation.
program provided by the Instructure surgeries, or ailments prior to Participant's body and any limit	with medical professionals of my choosing and that the Participant has been cleared to participate in the exercise ctor. I understand that it is my continuing responsibility to inform the Instructor of any medical conditions, injuries, the Participant's participation in each class. I understand that it is my continuing responsibility to honor the tations; to respect the Participant's medical health and take full responsibility for the Participant's safety and the ticipant chooses to take in class. Neither the Instructor nor the Premises will be held accountable for any injuries,
	ase and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and behalf of myself and the Participant.
Print Name:	
Signature:	Date: