Waiver

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reeducation 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 at any time during the class, if I feel discomfort or strain, I will gently come out of the posture, continue to breathe smoothly and ask for support from the instructor. I know I may rest at any time during the class. It is important in yoga that I carefully listen to my body and respect its limits on any given day.

I assume full responsibility for any and all damages, which may incur through participation.

I accept that the instructor, Sarissa Banks/Find Your Yoga, is not liable for any injury, or damages, to person or property, resulting from the taking of the class.

If any part of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in force and effect and the offending provision or provisions severed herefrom.

I have carefully read and fully understand this waiver of liability and agree that I am signing this waiver of liability voluntarily, and in doing so I understand it constitutes a complete and unconditional release of all liability to the greatest extent at law and that it cannot be changed orally.

I agree to irrevocably release and waive any claims that I might have hereafter against Sarissa Banks/Find Your Yoga.

Name (Please Print): _____

Phone Number: _____

Address: _____

City: _____   Postal Code: _____

Signature: _____ Date:_____