



Waiver of Liability

Yogadivas
PO Box 170
St Georges Basin NSW 2540

Name: _____

Address: _____

City, State, Postcode: _____

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 Yogadivas. 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 Yogadivas. I understand the risks associated with the activities offered by Yogadivas 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 Yogadivas, and/or any other persons who may teach at Yogadivas 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 Yogadivas.

Print Name: _____

Signature: _____

Date Signed: _____