



Saba Movement Center Waiver & Release Form

Name: _____ Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education 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 I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

I understand that attending any group event comes with the risk of spreading COVID - 19. By signing this agreement you are agreeing to stay home if you feel ill, and honor all social distancing requirements in place, that exist while you are in the studio and that you assume full responsibility for the risk associated with acquiring COVID-19 from your contact with the studio.

Yoga and fitness classes are not a substitute for medical attention, examination, diagnosis or treatment. Yoga or Group Fitness is not recommended or safe under certain medical conditions. By signing, I affirm that a licensed physical has verified that you are in good health and able to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physical's approval to initiate an exercise program. I also affirm that I alone am responsible to decide whether or not to practice yoga or join in a fitness class. Participation is at my own risk. I hereby agree to irrevocably release, the FMB Wellness Project, LLC (FMB Yoga Project & Saba Movement Center) and waive any claims that I have now or may have in the future.

I have read and fully understand and agree to the terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release to the greatest extent allowed by the Law in the State of Florida.

Signature

Date

Updated 5/30/2020

