



Liability Waiver

Joy in movement. Connection in breath.

ACKNOWLEDGEMENT & ASSUMPTION OF RISK

I fully understand and accept that participation in this activity may involve certain risks, including but not limited to physical injury, or other unforeseen incidents. I voluntarily assume all such risks, known and unknown, and take full responsibility for my participation in classes, workshops, programs, or events at Ananda Yoga & Events Center.

MEDICAL CLEARANCE

I confirm that I am physically fit and capable of participating in the activity and have not been advised otherwise by a qualified medical professional.

LIABILITY WAIVER

BY SIGNING THIS FORM, I AGREE TO WAIVE, RELEASE, AND HOLD HARMLESS ANANDA YOGA & EVENTS CENTER, ITS OWNERS, EMPLOYEES, VOLUNTEERS, AND AFFILIATES FROM ANY AND ALL CLAIMS, LIABILITIES, DEMANDS, ACTIONS, OR CAUSES OF ACTION, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY THAT MAY BE SUSTAINED AS A RESULT OF MY PARTICIPATION.

PARTICIPANT NAME

PARTICIPANT SIGNATURE

PARENT/GUARDIAN
SIGNATURE (IF UNDER 18)

DATE

WITNESS NAME/
SIGNATURE
