

WAIVER

In consideration of and as inducement to your enrolling as a student of Yoga with Kali,

I represent and agree as follows:

- 1) I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and am fully able to perform all yoga exercises which I am to learn and perform during my enrollment with you.
- 2) I will faithfully follow all instructions given to me by yoga instructors as to when and how to perform yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
- 3) I will not hold you, your partners, instructors, or employees responsible for any of my personal property or any injuries suffered by me or caused whole or in part by my failure to faithfully follow the instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
- 4) I understand and acknowledge that I am to receive instruction in yoga theory and exercises only, and I will not hold you, your partners, instructors or employees to any higher standard of care than that applicable to the school of yoga theory and exercises.
- 5) The class payment paid herewith and such paid hereafter are non-refundable; such refunds, if any, as are made shall be entirely within the discretion of Yoga with Kali.

Signature & Date: