

CITY YOGA RELEASE FORM

last name _____ first name _____

address _____

city _____ state _____ zip _____

email _____ cell phone _____

date of birth _____

emergency contact _____ phone _____

PLEASE READ:

By signing this waiver, I am aware and understand that the purpose of Capital City Yoga, Corp. is to share knowledge of yoga with its students. I understand that the practice of yoga may at times be strenuous and require physical exertion and movement that may involve a risk of physical injury. I understand that I am responsible for judging my own physical capabilities and limitations and that it is my responsibility to determine that there is no medical reason to prevent my practice of yoga at Capital City Yoga. I agree to take full responsibility for not exceeding my own physical capabilities and limitations while practicing yoga at Capital City Yoga. I agree to take full responsibility for any injury I may suffer during the practice of yoga at Capital City Yoga or during online or off premises classes hosted by Capital City Yoga

**I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending classes on Capital City Yoga premises, and such exposure of infection may result in personal injury, illness, permanent disability or death. I understand the risk of becoming exposed may result from the actions, omissions or negligence by myself and others. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or illness to myself. I hereby release, covenant not to sue, discharge, and hold harmless Capital City Yoga, its employees, agents, and representatives of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I agree that it is my responsibility to notify the instructor of any physical injury and other condition affecting my ability to practice yoga, that I will inform the instructor immediately if any injury does occur during class and terminate my involvement in class.

I understand that the practice of yoga may involve physical adjustments of students' form by instructors. If I do not want physical adjustments, I will notify the instructor and/or assistant before the start of each class. If I do wish to receive such physical adjustments, I understand that it is my responsibility to notify the instructor and/or assistant when an adjustment has gone as far as desired. I understand that no instructors at Capital City Yoga are authorized to provide medical advice, and no advice I receive will be construed by me to be of a medical nature.

I hereby voluntarily waive and release any claim that I may have at any time for injury or illness of any kind against Capital City Yoga, Corp. or any person or entity involved therewith, including but not limited to its principals, owners, employees, independent contractors teaching on behalf of the studio, and representatives.

I have carefully read the above release of liability and fully understand and agree to the above by signing below.

Signature: _____

Date: _____