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**YOGA TEACHER LIABILITY & STUDENT WAIVER AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) understand that yoga includes physical movement as well as an opportunity for relaxation, stress re-education, and relief of muscular tension. Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body-stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work the internal organs, glands, and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the yoga teacher (the “Teacher”). I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body’s limitations and I will rest before continuing yoga practice.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga.

By signing my name below, I acknowledge that participation in yoga classes exposes me to possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any yoga class.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft, or actions of any kind which hereafter may occur to me, including my traveling to and from yoga classes, TEACHER and Energy Seed Yoga, who is hosting these classes and where sessions are being held, and each of the their directors, officers, employees, volunteers, representatives and agents; and (b) INDEMNIFY, HOLD HARMLESS, AND AGREE NOT TO SUE the entities or person mention in the paragraph as to any and all liabilities or claims made as a result of participation in the yoga classes, whether caused by negligence of releases or otherwise.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Teacher and/or Energy Seed Yoga; and that the waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant, post-natal, or post-surgical, my signature verifies that I am participating in yoga classes with my doctor’s full approval. I realize that I am participating in yoga classes at my own risk.

The Student Waiver Agreement shall be constructed broadly to provide a release and wavier to the maximum extent permissible under applicable law. I acknowledge that this Student Waiver Agreement form will be used by the persons or entities being release in the yoga classes and that it will govern my actions and responsibilities in said classes.

**I hereby certify that I have read the document; and, I understand its content.**

**I am aware that this is a release of liability as well as a contract and I sign it of my own will.**

**I also understand at the yoga classes or related activities, I may be photographed. I agree to allow my photo, video or film to be used for any legitimate purposes by the Teacher or Energy Seed Yoga.**

CLASS ETIQUETTE AGREEMENT
1. To keep class a safe and loving environment, cell phones/tablets/cameras/filming are not permitted during class.
2. Arrive on time and commit to staying for the entire practice. If I need to leave class early, I will inform the teacher prior to the start of class.
3. Always be patient and loving towards your body.
4. I understand Energy Seed Yoga is not responsible for any lost or stolen items.
5. Students under 18 years old must have parent/guardian signature agreeing to entire agreement.

Student name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s signature if under 18 years old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography Release Form**

I hereby authorize Energy Seed Yoga, hereafter referred to as “Energy Seed Yoga”, to publish photographs taken of me at any event and my name and likeness for use in Energy Seed Yoga’s print, online, and video based marketing materials, as well as other company publications.

I hereby release and hold harmless Energy Seed Yoga from any responsible expectations of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company in marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Energy Seed Yoga, it’s contractors, it’s employees, and any 3rd parties involved in the creation or publication of marketing materials, from liability of any claims by me or any third party in connection with my participation.

**Authorization:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Media page (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Energyseedyoga@gmail.com

8/2018