**WAIVER**

**This form covers all programs offered by Arzu Cohen. Please fill out the following, being sure to read and initial each paragraph. Participant hereby agrees to the following:**

I am participating in yoga offered by Arzu Cohen, during which I receive information and instruction about healthy and safe practice. I recognize that these classes and programs may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any classes, workshops and retreats. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these classes, workshops and retreats.

I agree to assume full responsibility for myself, including minor children, for any risks, injuries or damages, loss of personal property and expenses, known or unknown, which I might incur as a result of participating in the program. I agree to inform my instructor/teacher of any physical limitations, physical discomfort and/or injuries before or during classes, and I take full responsibility for nondisclosure.

In further consideration of being permitted to participate in classes, workshops and retreats I knowingly, voluntarily and expressly waive any claim I may have against Arzu Cohen, for injury or damages that I may sustain as a result of participating in this program.

I take responsibility for any unforeseen costs related but not limited to rescue or evacuation, layovers, airline change fees or purchasing of tickets, natural disasters not allowing travel, new routes of transportation, medical treatment or prescriptions, medical transport, loss of passport or other travel documents, loss or delayed luggage, political unrest, and terrorism.

I, my heirs, or legal representatives, forever release, waive, discharge, and covenant not to sue Arzu Cohen and its members, officers, employees, agents, representatives, sponsors, successors, and assignors for any personal injury or death caused by their negligence or acts.

Arzu Cohen, takes photos during classes to support client progress and promotional purposes (websites, blogs, and social media) and publications (books, published articles). I voluntarily agree to be included in photographs in which Arzu Cohen, owns all rights.

I have read the above release waiver of liability and fully understand its contents. I voluntarily agree to its contents.

*Print Name:* *Signature:* *Date:*