

# LIABILITY WAIVER AND RELEASE

Please read carefully and print legibly.

Print First and Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Release of Liability:

1. I recognize that activities related to Yoga involve physical activities which may be strenuous and could cause injury, I understand that I must judge my own capabilities with respect to any activity. By my participation in any activity or practice taught by Michelle Hasley in any location, I agree to assume full responsibility for any risks, injuries or damages known or unknown, that I may incur.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any activity. I represent and warrant that I am physically and mentally fit and have no medical condition which would prevent my full participation in any activity. I acknowledge that it is my responsibility to inform the instructor of any injury or other condition that might affect my ability to participate in any activities.
3. I, my heirs or representatives release, waive, discharge and covenant not to sue or assert claim against **Herban Girl**, its officials, employees, agents, Michelle Hasley, her employees, officers and or agents for any injury, damages, death or other consequences occurring to me arising out of my voluntary participation in this activity. I knowingly, voluntarily and expressly waive any claim I may have against the **Herban Girl**, its officials, employees, agents, Michelle Hasley, her employees, officers and or agents for any injury, damages, death or other consequences occurring to me arising out of my voluntary participation in activities with the **Herban Girl** and Michelle Hasley of any kind.
4. I have carefully read this waiver and release. By signing this form, I voluntarily agree to the above terms.

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

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