

Maine/Kivulini Afro Yoga Project
Yoga & Movement Intake Waiver

I.....(print name) understand that yoga includes physical movements 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 body part, such as stretching and toning the muscles, joints, spine, and entire skeletal system. They also work on the internal organs, glands, and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

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

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

By signing my name below, I acknowledge that participation in yoga classes exposes me to a 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, 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 Maine Afro Yoga Project, who is hosting these classes and where sessions are being held, and each of their directors, officers, employees, volunteers, representatives, and agents; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or persons mentioned in this paragraph as to any liabilities or claims made as a result of participation in the yoga classes, whether caused by the negligence of releasees 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 Maine/Kivulini Afro Yoga Project and that this 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 or am post-natal, 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 construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that the persons or entities being released in the yoga classes will use this Student Waiver Agreement form and will govern my actions and responsibilities.

I hereby certify that I have read this document and understand its content.

I know this is a release of liability and a contract, and I sign it of my own free will.

I also understand that I may be photographed during yoga classes or related activities. I agree to allow my photo, video, or film likeness to be used by the Teacher or Maine/Kivulini Afro the Yoga Project for any legitimate purposes.

Signature of student, parent, or guardian (if the student is less than 18 years of age)

Dates

Name of student (print clearly)

Name of parent, guardian if the student is less than 18 years of age