

# Waiver and Release of Liability

Yoga is a wonderful way to find balance in life. While we move through postures that strengthen our physical bodies, we also bring attention to our inner state through mindful breathing. This can help calm the nervous system and lead to a sense of centeredness. This balance has the potential to help our bodies heal both physically and emotionally.

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Participant / Student information

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

Address: \_\_\_\_\_

E-mail: (include parent's if under 18) \_\_\_\_\_

Cell: (include parent's if under 18) \_\_\_\_\_

1. I understand that yoga is not a substitute for professional medical attention, examination, diagnosis or treatment. I understand that yoga includes challenging physical movements and is not recommended and/or safe under certain medical conditions. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I acknowledge that it is my responsibility to consult a physician prior to beginning any activity program, including yoga, and I affirm that I alone am responsible for deciding to participate and assume all risks.

Student initials here: \_\_\_\_\_

Additionally, if student is under 18 years old, parent / legal guardian initials here: \_\_\_\_\_

2. I understand that we all have very different bodies, bone structures and genes, and different histories of how we've used our bodies, including dealing with injuries. There are certain postures that are not possible for some or that take years to build up to. I understand that the guidance I receive through verbal instruction during class is to be determined by myself alone to be safe or not for my body and will opt out if necessary and assume all risks for participating. I agree to take care of myself by listening carefully to what my body is telling me and by being patient with myself, allowing my yoga practice to evolve over time. I also acknowledge that it is my responsibility to come gently out of posture in order to modify and/or rest if at any time during the class I feel discomfort, strain and/or pinching.

Student initials here: \_\_\_\_\_

Additionally, if student is under 18 years old, parent / legal guardian initials here: \_\_\_\_\_

3. I, \_\_\_\_\_ (student name) have read and understood the above statements and hereby agree to irrevocably release and waive any claims arising from yoga instruction and practice, including negligence or wrongful conduct (but excluding reckless or intentional acts), that I may have now or in the future against Marie Nordeng.

Student signature required here: \_\_\_\_\_ Date: \_\_\_\_\_

**Additionally, IF STUDENT IS UNDER 18 YEARS OLD**, parent / legal guardian agreement required below...

I, \_\_\_\_\_ (parent/guardian name), represent that I am the parent or legal guardian of the participant listed above, and have full legal authority to consent to the terms and conditions in this Waiver and Release on behalf of the participant. I have read and understood the above statements and hereby agree to irrevocably release and waive any claims arising from yoga instruction and practice, including negligence or wrongful conduct (but excluding reckless or intentional acts), that I may have now or in the future against Marie Nordeng. I understand that by signing this document, I am giving up valuable rights on behalf of the participant.

Parent / legal guardian signature required here: \_\_\_\_\_ Date: \_\_\_\_\_