



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, agree to the following (Please print your name)

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by Greener Postures Yoga ("Greener Postures Yoga") during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I recognize that it is my responsibility to notify my Greener Postures Yoga teacher of any serious illness or injury before every yoga class. As a result, I agree to not perform any postures to the extent that they cause me strain or pain.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation at Greener Postures Yoga. As a result, I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation at Greener Postures Yoga.
4. In consideration of being permitted to participate at Greener Postures Yoga, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
5. In further consideration of being permitted to participate at Greener Postures Yoga, I knowingly, voluntarily and expressly waive any claim I may have against Greener Postures Yoga for injury or damages that I sustain as a result of participating in the program.
6. I, my heirs or legal representatives' forever release, waive, discharge and covenant not to sue Greener Postures Yoga for any injury or death caused by their negligence or other acts.

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

SIGNATURE OF PARTICIPANT

Date

First Name _____

Last Name _____

Zip Code _____

Phone _____

Email _____

Birthday _____

Emergency Contact Name _____

Emergency Contact Phone _____

If participant is under 18: As legal guardian of _____, I consent to the above terms and conditions.

Signature and Date _____