



Student Waiver Agreement

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____ hereby agree to the following:

That I am participating in the Yoga Classes, Health Programs or Workshops offered by Seeking Solace Yoga Studio during which I will receive information and instruction about yoga and health. I recognize that my practice of yoga:

- Requires physical exertion which may be strenuous and my cause 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 the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Classes, Health Programs or Workshops.
- In consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, 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.
- In further consideration of being permitted to participate in the Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Seeking Solace Yoga Studio for injury or damages that I may sustain as a result of participation in the program.
- I, my heirs or legal representatives forever release, waive, discharge, and Covenant not to sue Seeking Solace Yoga Studio for any injury or death caused by negligence or other acts.



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

Signature of Participant

Date

As a legal guardian of _____, I consent to the above terms and conditions.

Signature of Parent / Guardian

Date

Witness