



Release and Waiver of Liability

Name: _____ Email Address: _____

Phone Number: _____ Mailing Address: _____

I understand that classes at Yoga In Nature™ may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, mental distress, or death. I understand that yoga classes are intended to decrease stress, promote relaxation, and ease muscular tension. If I experience discomfort or pain while in yoga class, I will stop the action and make appropriate modifications to prevent injury. I understand that it is my option to consult a physician prior to participating in yoga classes, and I acknowledge that I know my physical limitations and how to modify my activity to prevent injury. I understand that yoga is not a substitute for medical care, and that Yoga In Nature instructors are not medical professionals and cannot give medical advice. I agree that I, my heirs, assigns or legal representatives will not sue or make any other claims of any kind whatsoever against Yoga In Nature or its members for any personal injury property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Client Signature: X _____ Date: _____