

Yoga Waiver & Release Form

Name: _____ Age: _____

Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____ Would you like to sign up for my yoga newsletter? Yes ___ No ___

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Name of Carrier: _____ Policy Number: _____

Physician's Name: _____ Phone: _____

If an injury occurs: ___ I wish to be taken to the nearest hospital ___ I wish to be treated by my own physician

What is your normal workout regimen? How many days a week do you work out?

___ 1x a week ___ 2-3x a week ___ 4-5x a week ___ 6-7x a week

Do you have any allergies (Sensitivity towards aromatherapy)?

Why are you interested in yoga? Do you have any yoga goals? Have you tried yoga before?

If so, what was your experience?

Do you have any physical limitations that could be aggravated by exercise (Examples: back, neck, shoulder, hip or knee problems)

if so, please explain:

In consideration of and as an inducement to my enrollment and payment of fees to become a student of Gabriel Navarro, I represent and agree as follows:

- (1)** I (_____) have been examined by a licensed Physician within the past six months and have been found by such physician to be in good health and able to perform all yoga exercises which I am to learn and perform during my enrollment with Gabriel Navarro.
- (2)** Yoga naturally involves the risk of injury to me and/or my guest(s), whether I, someone or something else causes it. As such, I understand and voluntarily accept this risk. I agree that Gabriel Navarro will not be liable for any injury or damage, including personal limitation, bodily or mental injury, economic loss, or any damage to me resulting from the negligence of Gabriel Navarro. I waive any claims arising from my use with Gabriel Navarro.
- (3)** I understand and agree that I will receive instruction in yoga theory and exercise only and that Gabriel Navarro is not responsible for any damage to or theft of personal property, personal injury, including but not limited to bodily injury, disease, disability, death, humiliation, or consequential loss of any kind arising out of my participation in any yoga event or activity.
- (4)** In the event that I am pregnant, I will not attend a yoga class until I have discussed the potential risks of my unborn child/ fetus and myself with my obstetrician. I agree that I will follow my obstetrician's recommendations and on behalf of myself, my heirs, spouse or other interested parties will not hold Gabriel Navarro responsible for any possible injury to myself or my unborn child/ fetus.
- (5)** If I am under 18 years of age, I will disclose my age to Gabriel Navarro and provide my signature and the signature of my parent or legal custodian or guardian prior to taking class.
- (6)** Registration fees and Tuition for classes paid hereafter are non refundable.
- (7)** You will be charged a late cancel/no show if you do not attend the class.
- (8)** Any dispute arising out of or relating to this Student Application and Hold Harmless Agreement, or the breach thereof, shall be finally resolved by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules, and judgment upon the arbitration award may be entered in any court having jurisdiction.
- (9)** Any provision not in conformity with the law of any state or governing body having jurisdiction is hereby severed from this contract and the remaining provisions remain enforceable.

(10) I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

(11) Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make Gabriel Navarro aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Gabriel Navarro.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of California.

Print Student's Name: _____

Student's Signature: _____ Date: ____/____/____

If participant is under 18:

As Parent or Legal Guardian of _____, I consent to the above terms and conditions.

Print Parent's Name: _____

Parent's Signature: _____ Date: ____/____/____