



Yoga Agreement of Release and Waiver of Liability Form

Name _____ Home Phone: _____ Cell Phone: _____

Home address _____ Postal Code _____

Email _____ Date of Birth DD / MM / YY

Emergency contact name _____ Phone _____

Do you have any of the following conditions that your instructor should be aware of:

- Asthma Heart/Circulatory Problems Dizzy spells/Fainting
 Pregnancy High or Low Blood Pressure Diabetes Epilepsy/Seizures

Neck/Back/Spine injury: _____

Joint injury (ankle, knee, hip, elbow, shoulder) : _____

Muscular Injury: _____

Other medical condition, injury or disability: _____

Recent Surgery: _____

Yoga Level: Beginner Intermediate Advanced

By completing and signing this form, I hereby agree to the following:

1. That I am participating in a Yoga Class, Workshop, or Pre-registered yoga session offered by Bliss YogaSpa Ltd during which I will receive information / instruction about Yoga. I recognize that yoga may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Class, Workshop, or Pre-registered yoga session. I certify that I am physically fit and I have no medical condition, which would prevent my full participation in the Yoga Class, Workshop or Pre-registered yoga session.
3. 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 any yoga program at Bliss YogaSpa, including hot or warm temperature yoga.
4. I knowingly, voluntarily and expressly waive any claim that I may have against Bliss YogaSpa, its instructors and staff, and its owners, for any injury, death or damages that I may sustain as a result of being in the Bliss YogaSpa facility or as a result of participating in a Yoga Class, Workshop or Pre-registered yoga session; including loss that may be caused by the negligence of the released party.
5. I release and discharge Bliss YogaSpa Ltd, its directors, owners, staff and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property while at the Bliss YogaSpa facility.
6. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above.

Participant signature: _____ **Date:** _____

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

Signature of parent/guardian: _____ **Date:** _____