

Lyn Kehoe Power Yoga - Release & Waiver of Liability

Name _____

Phone _____

Email _____

Date of Birth _____

Emergency Contact Name _____

Emergency Contact Phone _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I hereby agree to the following:

1. I am participating in in-person, live streaming, and/or prerecorded yoga classes, programs, workshops and/or trainings offered by Lyn Kehoe Power Yoga during which I will receive information and instruction about yoga and wellness. I recognize and acknowledge that yoga requires physical exertion, and I am fully aware of the risks involved. I understand and acknowledge that I am fully responsible for any and all risks, injuries, damages, which might occur as a result of my participation in yoga classes and other yoga programs offered by Lyn Kehoe Power Yoga.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes and/or other yoga programs and trainings. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in the yoga classes and/or other yoga programs and trainings offered by Lyn Kehoe Power Yoga.

3. In further consideration of being permitted to participate in yoga classes and/or other yoga programs and trainings, I knowingly, voluntarily and expressly waive, release and discharge Lyn Kehoe Power Yoga together with any and all of its owners, managers, teachers, employees, independent contractors and staff (the "Releasees") from all liability for any and all claims, demands, or cause of action resulting from my participation in the yoga classes and/or other yoga programs and trainings offered by Lyn Kehoe Power Yoga.

4. 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. I represent that, apart from this Agreement, no oral representations, statements or inducements have been made by Lyn Kehoe Power Yoga and its staff, agents or representatives (the "Releasees").

By signing below client acknowledges they read the terms of this Agreement and understands and accepts such terms fully.

Signature of participant: _____ Date: _____

If participant is under 18: As legal guardian of _____, I consent to the above Release and Waiver of Liability.

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____