

HALF MOON YOGA

LIABILITY/ STUDENT WAIVER AGREEMENT

Name: _____ Phone #: _____ Email _____
Address: _____ Emergency _____
Contact (Name and #): _____

I _____ (print name) understand that hot 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, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. If at any point I feel fatigue or overexertion, I will respect my body's limitations and I will rest, drink water or discontinue.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe to do with certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Half Moon Yoga or any of Half Moon Yoga's teachers. By signing my name below I acknowledge that participation in yoga classes exposes me to possible risk of personal injury and I am fully aware of this risk and release Half Moon Yoga and Half Moon Yoga teachers of any and all liability, negligence or other claims arising from and in any way connected with participation in yoga classes.

My signature further acknowledges that I shall not now or any time in the future, bring legal action against Half Moon Yoga or Half Moon Teachers. If I am pregnant or become pregnant or post-partum, my signature verifies that I am participating in yoga classes with my doctor's full approval and that I am participating at my own risk.

Participant/Student Signature or if Date
Participant is Under 18 -Parent or Legal Guardian