

Yoga Teacher Liability Student Waiver

I _____ (print name) 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, adjust the posture and ask for support from the teacher. I acknowledge that Rosemarie Garcia-Hills has not and will not render any medical services including medical diagnosis of my physical condition.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under 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 claim, demand, cause of action of any kind that I have now or hereafter against Rosemarie Garcia-Hills resulting from or related to my participation in yoga.

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.

Print Name

Print Address

Street Address

City

State

Zip

Signature of student, parent or guardian

Date