

**Amy Stauber Yoga Instructor
Waiver and Release of Liability Form**



Those who practice yoga have joy within, delight within, and radiance within.

If at any time during the class I feel discomfort or strain, I will gently come out of the posture. I understand that I may rest at any time during the class. I know that it is important in yoga to listen to my body and that I should respect its limits on any given day.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. As is the case in any physical activity, the risk of injury 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 that may incur through participation.

I understand that 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 a physical fitness program.

In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant, or 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 for the decision 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 Amy Stauber, First Unitarian Universalist Congregation of the Palm Beaches, and all related facilities and premises for personal injury or negligence. Additionally, the instructor is not in any way responsible for any loss or damage to my personal property.

Those under 18 years of age must have this form signed by a parent or guardian.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I have carefully 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 and that it cannot be changed orally.

Name: _____ Date: _____

Address: _____

Phone#: _____ email: _____

Have you practiced yoga before? _____ What style? _____

Do you have any injuries or medical conditions? _____