

Yoga with Rachel Chadsh

Waiver

Notice: Before participating in this or any other exercise program, individuals should consult with a physician. Individuals under eighteen (18) years of age must be accompanied by a parent or legal guardian.

Voluntary Participation: I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in the yoga class sponsored by Rachel Chadsh.

Acknowledgement: I am aware that participation in the yoga class may be hazardous. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I represent that I possess the level of health, strength, fitness, and flexibility necessary to participate in these activities. I am voluntarily participating in these activities with knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

Release: In consideration for being permitted to participate in the yoga class, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue, or attach the property of any of the hosts, instructors, organizers, or participants in the yoga class including but not limited to Rachel Chadsh for injury or damage resulting from my participation in such yoga class. I release all such hosts, instructors, organizers, and participants, their employees, agents and heirs from any and all actions, causes of actions, lawsuits, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or hereafter may have for any and all personal injury, illness, loss or damage to property associated with my participation in the yoga class.

Name of Student(s)- please print:	
Signature: (parents sign if under 18)	
Date:	
Street Address:	
City:	
Emergency Contact Name:	
Emergency Contact Number:	
Email Address:	
List any current medical conditions:	