



Release and Waiver of Liability Form

THE FOLLOWING CONFIDENTIAL INFORMATION WILL BE USED TO PLAN SAFE AND EFFECTIVE YOGA THERAPY SESSIONS. PLEASE ANSWER THE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE.

First Name	
Last Name	
Date of Birthday	
Occupation	
Mobile Phone	
Email address	
Address	
City	
State	
Emergency Contact Name	
Emergency Contact Phone	

Do you have any physical limitations that could be aggravated by exercise? _____

If YES, please explain _____

1. PLEASE READ AND FILL OUT. It is your RESPONSIBILITY to inform the instructor of YOUR LIMITATIONS as to exercise BEFORE CLASS BEGINS.

I acknowledge

2. PLEASE READ AND FILL OUT. I represent and warrant that I am in good physical health and do not suffer from any medical condition, which would limit my participation in the classes offered by AMPARO HERNANDEZ AND HER ASSOCIATES. I understand that it is my responsibility to consult with a physician prior to taking any classes or instruction regarding my participation in any of the yoga exercises or activities. I understand the risks associated with the activities offered by AMPARO HERNANDEZ AND HER ASSOCIATES and I agree to follow all instructions that are given to me regarding all aspects of these yoga activities, including but not limited to how I can safely participate.

I acknowledge

3. PLEASE READ AND FILL OUT. I hereby release AMPARO HERNANDEZ and waive any and all claims, demands, causes of action of any kind, against AMPARO HERNANDEZ AND HER ASSOCIATES, its owners, officers, employees, and instructors resulting from or related to my participation in the activities and programs offered at in person or online. In taking part in the yoga exercises and activities with AMPARO HERNANDEZ AND HER ASSOCIATES, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the yoga exercises and activities.

I acknowledge

4. PLEASE READ AND FILL OUT. I recognise that there is risk involved in the types of yoga exercise or activities offered. Therefore, I accept financial responsibility for any injury that I may cause either to me or to any other participant due to my conduct, whether such be negligent or otherwise. Should AMPARO HERNANDEZ, or anyone acting on her behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless AMPARO HERNANDEZ, her or her associates, agents, instructors, employees, and volunteers from liability for the injury or death of any person(s) and/or damage to property that may result from my conduct, whether negligent or otherwise, while participating in the yoga exercises or activities offered, regardless of nature, duration, or location.

I acknowledge

5. PLEASE READ AND FILL OUT. I have read the above release, waiver of liability and indemnity and hold harmless provisions and fully understand these contents. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

I acknowledge

DATE: _____

SIGN BY PRINTING YOUR NAME

IF PARTICIPANT IS UNDER 18: I am the parent or legal guardian of _____

I consent to the above terms and conditions. PRINT NAME AND RELATIONSHIP. Thank you.