

IYENGAR YOGA OF CHARLOTTESVILLE
Student Liability Waiver

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____ D.O.B.: ___/___/___

Phone: _____ Email _____

Emergency Contact Name and Phone: _____

I understand that yoga includes physical movements, and that the risk of injury cannot be entirely eliminated. I also understand that it is my responsibility to inform the instructor of any medical conditions or physical limitations before class or private instruction begins. I agree to follow all instructions so that I may safely participate in classes, workshops, private instruction or other activities at Iyengar Yoga of Charlottesville (or "IYOC").

Yoga is not recommended and may not be safe under certain medical conditions. By signing, I affirm that I am in good health and physical condition to participate in yoga, and that I do not suffer from any condition that would limit such participation. If I am pregnant, become pregnant, am post-natal, or post-surgical, my signature verifies that I have the approval of a licensed physician to participate in yoga.

I assume full responsibility for any injuries or damage which might occur as a result of my participation in classes, workshops, private instruction or other activities at IYOC. I hereby **WAIVE AND RELEASE** Iyengar Yoga of Charlottesville and CVILLE YOGA LLC, their owners, organizers, employees, and instructors from any claim, demand, or cause of action of any kind related to my participation in classes, workshops, private instruction or other activities at IYOC.

I have read and fully understood the content of this Liability Waiver, and voluntarily agree to its terms and conditions. I recognize that my signature below serves as complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: _____

Date: ___/___/___

If participant is under 18: As parent or legal guardian of _____

I (Print Name) _____ consent to the above terms and conditions.

Signature: _____ Date: ___/___/___