



**Waiver of Liability & Disclosure Form**

€ I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga that may result in injury. I also understand that the exercises related to yoga will challenge my cardio-respiratory and musculoskeletal systems associated with the aerobic, anaerobic, strength, power, agility, flexibility, and breathing components.

€ I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga or activity associated with Sumits Yoga studio.

€ I certify that I am physically well and do not have any medical problems, conditions, impairments, diseases or any other illness, including but not limited to hypertension, that would prevent my participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program.

€ I, my heirs, or legal representatives, do hereby waive and release Sumits Yoga, its teachers and employees from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any activity.

€ I understand that Sumits Yoga studio will provide an area for personal belongings to be held during class. I agree that Sumits Yoga is not responsible for loss or damage of personal belongings while at the studio.

€ I acknowledge that I have read this waiver of liability form. I fully understand the terms and conditions, and understand that I am giving up my right to hold Sumits Yoga, its teachers and its employees responsible for injury or loss. I acknowledge that I am signing this agreement voluntarily. By signing this form, I grant complete and unconditional release of liability as it relates to the law.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If signing for a minor (Age 16 or 17) please review and sign the back side**



SUMITS YOGA



**Waiver of Liability & Disclosure Form, Provisions for Minors**

**If under 18 (Must be 16 years or older):**

€ I have read and agree to the above terms as they apply to \_\_\_\_\_, (herein referred to as “participant”).

€ I certify that I am the legal guardian of this participant.

€ I certify that the participant is 16 years or older.

€ I give permission for named participant to practice at Sumits Yoga.

Print Guardian Name: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_