

STUDENT WAIVER AGREEMENT

I understand that yoga includes physical movements. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Michelle Darsow or Yoga Ananda.

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Michelle Darsow or Yoga Ananda, from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Michelle Darsow or Yoga Ananda; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant or am postnatal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

My signature is binding to this liability waiver from this day forth.

_____ Signature of student, parent or guardian	_____ Print name	_____ Date
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Signature of student, parent or guardian

Print name

Date

In case of an emergency, please contact the following person(s)

Name

Phone

Name

Phone