



ENROLLMENT AND AGREEMENT OF RELEASE/WAIVER OF LIABILITY

Name: _____

Email: _____

Phone: _____

Date of Birth: _____

I, _____, hereby agree to the following:

1. That I am participating in yoga offered by Roots Yoga during which I will receive information and instruction about yoga, Ayurvedic philosophy, practice and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically able and have no medical condition that would prevent my full participation in yoga classes/workshops.
3. In consideration of being permitted to participate in yoga classes I agree to assume full responsibility for any risks, injuries or damages known or unknown, which I might incur as a result of participation in the program.
4. I understand that with any and all additional activities I participate in, I am doing so at my own risk. Including, but not limited to: kayaking, biking, hiking, swimming, etc.
5. In further consideration of being permitted to participate in yoga classes, workshops and/or outings, I knowingly, voluntarily and expressly waive any claim I may have against Roots Yoga or any staff members of said company for injury or damages that I may sustain as a result of participating in the program.
6. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Roots Yoga for any injury, loss or death caused by negligence or other acts.

I have read the above release and waiver of liability and fully understand the contents. I voluntarily agree to the terms and conditions stated above.

Signature of participant

Date

Legal guardian if participant is under 18 years of age

Date