



**Yoga Classes**

**Agreement of Release and Waiver of Liability**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (optional)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

I agree to the following:

1. That I am participating in the Yoga Classes offered by Elizabeth Swope during which I will receive information and instruction about yoga 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 and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes.
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 participating in the program.
4. In further consideration of being permitted to participate in Yoga Classes, I knowingly, voluntarily and expressly waive any claim I may have against Elizabeth Swope and Homefields, Inc. for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives', forever release waive, discharge and covenant not to sue Elizabeth Swope for any injury or death caused by their negligence or other acts.

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

**Signature:**

\_\_\_\_\_

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