## Beginner Friendly Alignment Yoga with Maggie Mowery

Agreement of Release and Waiver of Liability

Name	
Birth Date	
Address	
City	
Phone	
Email	
Emergency Contact Name and Phone Number	
I agree to the following:	
1. That I am participating in these yoga classes offered by Maggie Mowery, during which I will receinformation and instruction about yoga and health. I recognize that yoga requires physical exertion may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.	n that
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these yoga classes. I represent and warrant that I am physically fit and I have no m condition that would prevent my full participation in these yoga classes.	edical
3. In consideration of being permitted to participate in these yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a resul participating in the program.	t of
4. In further consideration of being permitted to participate in these yoga classes, I knowingly, volume and expressly waive any claim I may have against Maggie Mowery and Homefields, Inc. for injury 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 Mag Mowery or Homefields, Inc. for any injury or death caused by their negligence or other acts. I have the above release and waiver of liability and fully understand its contents. I voluntarily agree to the and conditions stated above.	read
6. I also understand that for my safety and for the safety of others, masks and social distancing are required while on the property of Homefields, Inc. I also understand that once I am on my yoga mand class has begun, I am permitted to remove my mask as long as I am more than six feet away freparticipants who are not a part of my "personal pandemic pod".	
Signature	
Date	