

Everyday Yoga 365, LLC (Sarah Isaksen, RYT)
Agreement of Release and Waiver of Liability

Last Name, First Name, MI _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Occupation _____ Birth Date _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

1. I am a participant in virtual or onsite Yoga Classes, Health Programs, or Workshops offered by Everyday Yoga 365, LLC/Sarah Isaksen (the Teacher) during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous, and may cause physical injury, and I am fully aware of the risks and hazards involved. 2. In consideration of being permitted to participate in virtual or onsite Yoga Classes, Health Programs, or Workshops, 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. 3. I understand that during the classes, the Teacher may physically adjust me. I release the Teacher from any claim whatsoever on account of adjustments, treatment or service rendered during my participation in virtual or onsite Yoga Classes, Health Programs, or Workshops. 4. In further consideration of being permitted to participate in virtual or onsite Yoga Classes, Health Programs, or Workshops, I knowingly, voluntarily and, expressly waive any claim I may have against the Teacher for injury or damage that I may sustain as a result of participation in virtual or onsite Yoga Classes, Health Programs, and Workshops. 5. I understand that it is my responsibility to consult a physician prior to and regarding my participation in virtual or onsite Yoga Classes, Health Programs, and Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my participation in the virtual or onsite Yoga Classes, Health Programs, or Workshops. 6. I assume all responsibility, for all risks of damage or injury that may occur to me as a student of the Teacher's courses and instruction while attending classes or participating in exercises, using the program's facilities. 7. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the Teacher for any injury or death caused by their negligence or other acts. 8. Furthermore, I give permission to the Teacher to use photographs obtained during a virtual or onsite Yoga Class, Health Program, or Workshop in which I or family members have been featured. *

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 of Participant _____ Date _____

If under 18 years of age

As legal guardian of _____, I consent to the above terms and conditions.